

REC'D JUL 11 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

21669

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3014 Registered No. 188  
 (c) City Jefferson City (d) Street No. Saint Mary's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Rose Marie Forck 620

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Forck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 24, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
57 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos, Mo.

FATHER 13. NAME Bernard Schnieders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos, Mo.

MOTHER 15. MAIDEN NAME Catherine Sandt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos, Mo.

17. INFORMANT Henry Forck  
 (ADDRESS) 1612 E. Miller St. J.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter cemetery June 22, 1938

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs  
 (ADDRESS) Jefferson City, Mo.

20. FILED 6/21/38 D. B. Beofol M. H.  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938

22. I HEREBY CERTIFY That I attended deceased from February 1, 1938 to June 20, 1938  
 I last saw him alive on June 20, 1938 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Melanoma Sarcoma  
Degeneration of old male prostate and P. Kne  
for many years  
 Other contributory causes of importance:  
Metastatic lesions in lung & brain  
Enlarging glands  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Urban A. Coxman(Address) Jefferson City, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

John F. Heinrichs

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*John F. Heinrichs*

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**