

DEC'D AUG 24 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
25007
Do not use this space.

1. PLACE OF DEATH

 (a) County Cedar Registration District No. 104
 (b) Township Benton Primary Registration District No. 5229 Registered No. 127
 (c) City Jerico Springs (d) Street No. _____ 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 Charley Francis Forest 623
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Mae Forest</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 16, 1872</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>10</u>	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farming</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jerico Springs Cedar Co., Mo.</u>			
	13. NAME <u>William Francis Forest</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Elizabeth Snow</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Estes Forest</u> (ADDRESS) <u>Jerico Springs</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hall</u> DATE <u>Aug. 3, 1938</u>				
19. FUNERAL DIRECTOR (NAME) <u>W. C. Davis & Co.</u> (ADDRESS) <u>Stockton, Mo.</u>				
20. FILED <u>Aug 6 - 1938</u> <u>Mrs. Mary Aifner</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug. 2, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Mary</u> , 19 <u>26</u> , to <u>Aug - 2</u> , 19 <u>38</u> I last saw her alive on <u>Aug 2</u> , 19 <u>38</u> Death is said to have occurred on the date stated above, at <u>5 pm.</u> The principal cause of death and related causes of importance were as follows: <u>Arterio sclerosis</u> <u>Myocarditis</u> <u>9381</u> Other contributory causes of importance? <u>Cerebral Hemorrhage</u>
Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? <u>B. P.</u> Was there an autopsy? _____
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? <u>9</u> If so, specify _____ (Signed) <u>Mrs. Mary Aifner Registrar</u> <u>153</u> (Address) <u>Jerico Spgs Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WHITE FORM WITH UNFADING INK

FORM 1-14028
50-M-1-1-38

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.