

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.

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

2664
Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Stobina Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. St. Johns 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

62 DEARL FRANK FORGEY
 (a) Residence, No. 1047 PENN. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROSIE FORGEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 1, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Missouri

FATHER 13. NAME Samuel Forgey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Bertha Freeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Wesley Forgey (ADDRESS) Freece Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Jan 17, 1939

19. FUNERAL DIRECTOR (NAME) Laughlin Mortuary (ADDRESS) Joplin Mo

20. FILED 1-16-39 Ed D. James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1939, to 1-15-39, 1939.
 I last saw him alive on 1-15-39, 1939. Death is said to have occurred on the date stated above, at 5:14 p.m.

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

Rupture appendix with Peritonitis

Other contributory causes of importance:

fecal fistula
coronary embolus

Name of operation Drainage for Rupture app Date of Jan 8

What test confirmed diagnosis Smear 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 _____, 1939

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?

If so, specify Walter H. Man (Signed) _____, M. D.

(Address) Joplin Mo

RECEIVED

District Health Officer No. 6,

District File Number

6-39-319

Date Filed

FEB 16 1939

APR 18 1939

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,

Allen E. Lanpher

or by

Registered Apprentice No., working under my personal supervision.

Signed

Allen E. Lanpher

Licensed Embalmer No.

3574

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.