

DEC'D FEB 24 1930

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

2857

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 5628
 (c) City Aurora (d) Street No. R.F.D. # 2 Registered No. 1
 (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 Everett Bentley Forrester.

(a) Residence, No. R.F.D. # 2 Aurora Mo. St.
 (Usual place of abode, if no street address, write county or city) (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1-1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 7 hrs. or 7 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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lawrence County
 (STATE OR COUNTRY) Missouri. C

FATHER
 13. NAME Richard Forrester.
 14. BIRTHPLACE (CITY OR TOWN) Stone County
 (STATE OR COUNTRY) Missouri.

MOTHER
 15. MAIDEN NAME Lula May Wolfe.
 16. BIRTHPLACE (CITY OR TOWN) Harper County
 (STATE OR COUNTRY) Kansas.

17. INFORMANT Mr John Forrester
 (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bradfield Cem. DATE Jan 2 1939

19. FUNERAL DIRECTOR (NAME) J. F. King
 (ADDRESS) Aurora Mo.

20. FILED 2-3 1939 R. D. Cowan M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Jan 1 1939
 I last saw him alive on Jan 1 1939 Death is said to have occurred on the date stated above, at 10.00 A.M.

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

Inanition

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) J. M. Smith M. D.

(Address) 121 W. Pleasant Aurora Mo

858

RECEIVED

District Health Officer No. 6,

District File Number 6-39-350

Date Filed FEB 16 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, or by.....

..... Not Embalmed, 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.

PROPERTY OF DISTRICT HEALTH OFFICER

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 5628 Registered No.
 (c) City (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 Everett Bentley Forrester

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him... alive on 19... Death is said to have occurred on the date stated above, at... m.

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

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

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

Other contributory causes of importance: of the

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

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