

REC'D SEP 21 1939

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

28934

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. 213  
(c) City Jefferson (d) Street No. St. 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 L. Joseph E. Forbis  
(a) Residence, No. 1406 Adams Street 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 Male 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 Winnie Forbis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-5-1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43 11 10

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steam Fitter  
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) Boone County, Mo.

FATHER  
13. NAME Ed Forbis  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Mo.

MOTHER  
15. MAIDEN NAME Lizzie Sapp  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo.

17. INFORMANT Mrs. Joseph E. Forbis  
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Sept-17- 1939

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

20. FILED 9/16/39 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1939  
22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1939 to Sept 15 1939  
I last saw him alive on Sept 15 1939. Death is said to have occurred on the date stated above, at 4 p.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 1938  
Hb

Other contributory causes of importance:

Ruptured gastric ulcer

Name of operation Cholecystectomy Date of operation 9/10/39  
What test confirmed diagnosis? Physician Was there an autopsy? Yes

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) Jefferson City, Mo. M. D.

JUL 17 1942

JAN 29 1945

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**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.**