

Registration District No. 394

Primary Registration District No. 728-3 5 788 P Registrar's No. 7

1. PLACE OF DEATH:

(a) County. Montgomery Co. Centre Twp

(b) City or town. Americus, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 20

(d) Length of stay: In hospital or institution. _____ (Specify whether _____)

In this community. 49 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Montgomery

(c) City or town. Americus, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Anna Elizabeth Forrest, 623

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex. <u>Female</u>	5. Color or race. <u>Black</u>	6. (a) Single, widowed, married, divorced. <u>Married</u>
6. (b) Name of husband or wife. <u>Jerry Forrest,</u>	6. (c) Age of husband or wife if alive. <u>88</u> years	
7. Birth date of deceased <u>July 10-1862</u> (Month) (Day) (Year)		

8. AGE: Years	Months	Days	If less than one day
<u>77</u>	<u>8</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Rhineland, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name. Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name. Mary Stevens,

15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Arizona Showay
(b) Address: Americus, Mo.

17. (a) Burial (b) Date thereof March 29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Nunnell Cemetery

18. (a) Signature of funeral director. [Signature]
(b) Address _____

19. (a) 3-29-40 (b) Nana Lee Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28
year 1940 hour 3 minute 5 AM.

21. I hereby certify that I attended the deceased from Jan 1
_____, 1937, to Mar 28, 1940;
that I last saw her alive on Mar 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Progressive Bulbar Paralysis
Due to degenerative affection of medulla oblongata 1 yr

Due to _____
Other conditions High blood Pressure 2 yrs
(Include pregnancy within _____ months of death)

Major findings:
Of operations. [Signature]
Of autopsy. _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

228. Signature J.P. Roush (M. D. or other) 1
Address Rhineland, Mo Date signed 3-28-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20

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.....

D. B. Baker

Registered Apprentice No.

working under my personal supervision.

Signed

D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.