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FILED MAY 27 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14132

State File No. \_\_\_\_\_

Registration District No. 4000

Primary Registration District No. 3001

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Adair

(b) City or town KIRKSVILLE  
(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) ?

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 60 yrs.  
years, months or days

3. (a) PRINT FULL NAME JOSEPH DUNN FORSYTHE

8. (b) If veteran, name was no

8. (c) Social Security No. no

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DEC 29 1850  
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace FALMOUTH N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation contractor

11. Industry or business Brick mason

12. Name John Forsythe

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

14. Maiden name Susan Dunham

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs F L Beagle

(b) Address Kirksville, Mo

17. (a) Burial (b) Date thereof Apr 20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest

18. (a) Signature of funeral director W. L. Sumner

(b) Address Kirksville, Mo

19. (a) April 20, 1940 (b) Spencer & Freeman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18th  
year 1940 hour 12:40 P minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Apr 1  
1940 to Apr 18 1940  
that I last saw him alive on Apr 18 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) 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)

(c) Means of injury \_\_\_\_\_

23. Signature E. T. Davis M.D. (M.D. or other)

Address Kirksville, Mo Date signed 4/20/40

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

RECEIVED

District Health Officer No. 10

District File Number 5-40-1088

Date Filed MAY 16 1940

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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.**