FILED JUN 17 1940

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

18685

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 414
(b) Township Washington 1 Primary Registration District No. 5 Registered No. 55
or
(c) City Hickman Mills (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 OLIVE St CLAIR "ODD" FOREE
(a) Residence, No. Jackson Co Rural
(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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: LAURA FOREE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB. 9, 1873
7. AGE: YEARS 67 MONTHS 3 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret FARMER
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): HICKMAN MILLS MO

FATHER
13. NAME: Lewis FOREE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: ALICE FINNELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IND

17. INFORMANT (ADDRESS): Ben Foree HICKMAN MILLS, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Palestine Cem DATE 6/9 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): E.K. George & Sons GRANDVIEW, Mo
20. FILED 6-11- 1940 Mrs Jos. T. Brennan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1940
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of the Chest	

Other contributory causes of importance: 167

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6/7/40
Where did injury occur? Hickman Mills Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Trauma by firearms
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] S, M. D.
(Address) [signature]

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

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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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview M

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.