

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24553

State File No. _____

Registrar's No. 11Registration District No. 71Primary Registration District No. 4040

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Ashland
 (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 Life years, months or days

3. (a) PRINT FULL NAME Lucy Ann Forbis 612-

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Thomas R. Forbis 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased 8 15 1853
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
86 11 9 hr. min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Edwin Forbis13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Anna B. Forbis15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edna Owens(b) Address Ashland Missouri17. (a) Burial (b) Date thereof 7/26/1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Liberty18. (a) Signature of funeral director Holt & Burnett(b) Address Ashland Missouri19. (a) 8-5-40 (b) Francis Nichols
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
 (c) City or town Ashland
 (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 8 7 day 24
year 1940 hour 7 minute 30 A. M.21. I hereby certify that I attended the deceased from July 14, 1940 to July 24, 1940; that I last saw her alive on July 24, 1940 and that death occurred on the date and hour stated above.Immediate cause of death Arterio sclerosis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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) (a) Means of injury _____

23. Signature Louis A. Forbis (M. D. or other) D.C.
Address Ashland, Mo. Date signed _____

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

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 *Wm E Burnett*

Licensed Embalmer No. 3564

P. O. Address Ashland Missouri

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.