

FILED AUG 23 1940

11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26409

Registration District No. 796

Primary Registration District No. 3038

State File No. _____

Registrar's No. 122

1. PLACE OF DEATH: 2

(a) County SALINE

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

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

(d) Length of stay: In hospital or institution 1 DAY
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Johnson

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

(d) Street No. W. Broadway Wash
(If rural, give location)

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

3. (a) PRINT FULL NAME STELLA FORSYTHE 623

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hour 11:50 minute 50 P.M.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ORA. FORSYTHE

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased MAR. 30, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 28
1940, to July 28, 1940, 19____;

that I last saw her alive on July 28, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 3 Days 28 If less than one day
hr. min.

Immediate cause of death Strangulated Rt inguinal hernia

Duration 5 days

9. Birthplace PETTIS CO MO 0
(City, town, or county) (State or foreign country)

Due to intestinal obstruction

10. Usual occupation HOUSE WIFE 1

Due to _____

11. Industry or business AT HOME

Other conditions (Include pregnancy within 3 months of death) 17.5"

MOTHER FATHER { 12. Name WM WINSTON 9

Major findings: Of operations Gangrene of omentum

18. Birthplace S. CAR.
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name MAGGIE WADE

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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

16. (a) Informant ORA FORSYTHE

(a) Accident, suicide, or homicide (specify) _____

(b) Address La Monte, Mo.

(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof JULY 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation BLACKWATER CHAPEL

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7/5
(Specify type of place) _____

18. (a) Signature of funeral director P. Carter

While at work? _____ (e) Means of Injury _____

(b) Address La Monte, Mo.

28. Signature Chas R. Parsons (M. D. or other) 1-10

19. (a) 7-30-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

Address Sweet Springs Mo Date signed 7-30-40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-13-40

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 *R. R. Carter*
Licensed Embalmer No. *3513*
P. O. Address *Sumter, S.C.*

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.