

NOV 19 1940

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

34759
Do not use this space.

1. PLACE OF DEATH

(a) County B. Boone Registration District No. 71
 (b) Township Cedar Primary Registration District No. 4040 Registered No. 21
 (c) City Ashland (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME JAMES C. FORSEE

(a) Residence, No. Ashland Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 MERTIS B. FORSEE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1957

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>0</u>	<u>25</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) MISSOURI

FATHER

13. NAME JAMES FORSEE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME Pamela Ann Clutterbuck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co MISSOURI

17. INFORMANT (ADDRESS) FLOYD FORSEE Ashland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW SALEM DATE Oct 11 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Holt + Burnett Ashland, Mo.

20. FILED Nov 5 1940 Frazer Nichol Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1940 to Oct 9 1940

I last seen alive on Oct - 9 1940 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Arterial Insufficiency

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

(If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. B. Purcell, M. D.
 (Address) Ashland Mo

WHITE CARBON, WITH UNFADING INK--THIS IS A PERMANENT RECORD

K. 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.

1 X1663

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 L. Burnett*

Licensed Embalmer No. *B564*

P. O. Address. *Ashland 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.