

Dr Taylor
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35980**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **658**

Primary Registration District No. **3772**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Steele, Mo. (Rural)
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2
In this community 7 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary C. Forrester

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 29 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 6 hr. _____ min.

9. Birthplace Oak Grove, La.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Harvey Forrester
13. Birthplace Adkins, Ark.
14. Maiden name Martha C. Woodley
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Forrester

(b) Address Steele, Mo. R.#.1.

17. (a) Burial (b) Date thereof 10/6.1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation No. 8. Cemetery

18. (a) Signature of funeral director None. (Friends)
(b) Address _____

19. (a) Nov 1-1940 (b) L. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Steele, Mo. (Rural)
(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 Oct day 5th
year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
No medical
aid.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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)

23. Signature L. J. Robinson (M. D. or other) _____
Address Steele Mo. Date signed _____

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

11-40-25

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.