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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1715

Registration District No. 71 Primary Registration District No. 4040 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Boone ~~Cedar~~

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Ashland, Mo. (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Jane Forbis

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 Widowed

6. (b) Name of husband or wife John Forbis

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

7. Birth date of deceased Oct. (Month) 24 (Day) 1857 (Year)

8. AGE: Years 83 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name William Drake

13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Minn Roberts

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

16. (a) Informant E. L. Forbis

(b) Address Ashland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem.

18. (a) Signature of funeral director Holt & Burnett

(b) Address Ashland, Mo.

19. (a) 2-7-41 (Date received local registrar) (b) Frances Nichols (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1941 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Jan 11, 1941, that I last saw ~~he was~~ alive on Jan 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis — Duration 1 month

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. B. Bryan (M. D. or other) D

Address Ashland Mo. Date signed 2-7-41

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Wm C. F. Burnett

Licensed Embalmer No. 3564

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.