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. 3580

Registration District No. 604 Primary Registration District No. 5802 Registrar's No.

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

1. PLACE OF DEATH:

(a) County New Madrid

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

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

(d) Length of stay: In hospital or institution [illegible] (Specify whether)
In this community [illegible] years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town 72
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Shedrock Forrest

3. (b) If veteran, name war M

3. (c) Social Security No. —

4. Sex M

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 25 (Day) 1929 (Year)

8. AGE: Years 11 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Joseph Forrest
13. Birthplace (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Laura Spoon
15. Birthplace (City, town, or county) Ala (State or foreign country)

16. (a) Informant Joseph Forrest
(b) Address New Madrid Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof June 30, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield Cemetery

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

19. (a) 2/14/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 41 hour 9 minute 20 p M.

21. I hereby certify that I attended the deceased from Jan 28, 1941, to Jan 28, 1941 that I last saw him alive on Jan 28, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Due to Influenza	
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? 533 (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address New Madrid Mo. Date signed 2/14/41

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.