

Registration District No. **735**

Primary Registration District No. **31034**

Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Lewis Levi Forth**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **702-05-3472**

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

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

7. Birth date of deceased **May 10th 1877**
(Month) (Day) (Year)

8. AGE: Years **63** Months **5** Days **0** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Woco. Truckman**

11. Industry or business **Wabash. RR**

12. Name **Levi Forth**

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

14. Maiden name **Jane M. Brown**

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

16. (a) Informant **Mrs Berilla Forth**

(b) Address **Moberly, Mo**

17. (a) **Removal** (b) Date thereof **Feb 12th 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairfield, Ill.**

18. (a) Signature of funeral director **Mahon and Son**

(b) Address **Moberly Mo**

19. (a) **Feb 10-41** (b) **Levi Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **524 W. Coates**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **10th** year **1941** hour **8** minute **25** P.M.

21. I hereby certify that I attended the deceased from **April 26**, 19**40** to **Feb 10**, 19**41**; that I last saw him alive on **Feb 10**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis **10 mo.**

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? _____

(Specify type of place) (e) Means of injury _____

23. Signature **P. S. Kintoki** (M. D. or other) **D**

Address **Moberly Mo** Date signed **9/11-1941**

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

MOTHER FATHER

368

55

0

AKW

5

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.....

Frank S. DeWitt

Licensed Embalmer No.

3021

P. O. Address.....

Moberly, 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, fact should be so stated above.