

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

FILED MAY 12 1941

STANDARD CERTIFICATE OF DEATH

15220

State File No. _____

Registration District No. 1051 Primary Registration District No. 5768

Registrar's No. _____

1. PLACE OF DEATH: Miss

(a) County: _____

(b) City or town: Jessie Boyan Twp
(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Miss

(c) City or town: Jessie Boyan Twp
(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.

3. (a) PRINT FULL NAME: Chas L Forrester

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1941 hour 41 PM minute _____ M.

4. Sex: M 5. Color or race: Col 6. (a) Single, ~~married~~, 0

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

7. Birth date of deceased: Feb 13 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1, 1941, to April 3, 1941; that I last saw him alive on April 1, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1 1 18 hr. min

Immediate cause of death: Influenza Labor Pneumonia

Due to _____

9. Birthplace: Hackmead Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation: none

Due to _____

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

11. Industry or business _____

12. Name: Chas Forrester

13. Birthplace: Acu 1
(City, town, or county) (State or foreign country)

14. Maiden name: Lucile Cole

15. Birthplace: Ark 1
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Father

(b) Address: 6 Prairie RFD 2

17. (a) _____ (b) Date thereof: April 3 1941
(Month) (Day) (Year)

(c) Place: burial or cremation: Charleston Mo

18. (a) Signature of funeral director: David Shelby

(b) Address: East Prairie Mo

19. (a) 5-1-1941 (b) Mrs Della Forrester
(Date received local registrar) (Registrar's signature)

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? _____

8:17 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature: R. P. Martin (M. D. or other) _____

Address: East Prairie Mo Date signed: 5-3-41

STATEMENT BY LICENSED EMBALMER

not embalmed

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.....

Laura Shelby

Licensed Embalmer No.

2726

P. O. Address.....

East Prussia, Pa.

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.