

FILLED NOV 17 1941
198

Registration District No. _____
Primary Registration District No. **3011**

Registrar's No. **144**

1. PLACE OF DEATH:

(a) County **Clay**

(b) City or town **Excelsior Springs, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Veterans Administration**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 days**
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **Edwards**

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

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

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William R. Forth**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **4**
year **1941** hour **12:00 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Sept. 16**
41 to **October 4**
41
im **October 4**
41

that I last saw him alive on _____
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Francis L. Forth**

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

7. Birth date of deceased **May 20 1894**
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of the pyloric and of stomach with metastasis to gland of lesser curvature.**

Due to _____

Due to _____

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 47 | 4 | 14 | hr. _____ min. |

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

Major findings: Of operations _____

Of autopsy **As diagnosed above**

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

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **William R. Forth**

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

14. Maiden name **Elizabeth Young**

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

16. (a) Informant **William R. Forth**
Station Records
(b) Address **Veterans Administration**

17. (a) **Removal** (b) Date thereof **10-5-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
Warsaw, Mo.

(c) Place of burial or cremation **Claude Prichard**

18. (a) Signature of funeral director **Claude Prichard**
Excelsior Springs, Mo.

(b) Address _____

19. (a) **10-6-41** (b) **Mrs. R. M. Cracker**
(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? _____

(Specify type of place) _____

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

23. Signature **Henry R. Peaf**
Henry R. Peaf, M. D. (M. D. or other)

Address **Veterans Admin. Excels. Sprngs, Mo. IO-4-**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-~~17~~12-41

AUG 26 1952

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.