

Registration District No. **679912**

Primary Registration District No. **H479**

Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **Slater** *Sum*

(c) Name of hospital or institution: **none** /

(If not in hospital or institution, write street number or location) **no**

(d) Length of stay: In hospital or institution **72 yrs.** (Specify whether years, months or days)

In this community... **no**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.**

(b) County **Saline** *77*

(c) City or town **Slater** *2*

(If outside city or town limits, write "RURAL") **1**

(d) Street No. **no** (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **0**

3. (a) PRINT NAME **Arthur Marion Forqueran**

FULL NAME

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **19th**

year **1942** hour **2** minute **30** a.m.

21. I hereby certify that I attended the deceased from **Sept - 4** 19**41**

to **Jan 19** 19**42**

that I last saw him alive on **Jan - 18** 19**42**

and that death occurred on the date and hour stated above.

4. Sex **male** *0*

5. Color or race **white**

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

6. (b) Name of husband or wife **Sallie Forqueran**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **July 23rd 1866**

(Month) (Day) (Year)

Immediate cause of death **Blow to the abdomen**

Duration

Due to **97**

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years **75** Months **5** Days **26**

If less than one day hr. min.

9. Birthplace **West Virginia** /

(City, town, or county) (State or foreign country)

10. Usual occupation **carpenter**

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER {

12. Name **William Forqueran** Va.

13. Birthplace **Syracuse, N.Y.**

14. Maiden name **Sarah E. Harriman** Va.

15. Birthplace **Va.**

(City, town, or county) (State or foreign country)

16. (a) Informant **Sallie Forqueran**

(b) Address **Slater, Mo.**

17. (a) **burial** (Burial, cremation, or removal)

(b) Date thereof **1-21-'42** (Month) (Day) (Year)

**Slater, MO.**

(c) Place: burial or cremation **Hill Brothers**

18. (a) Signature of funeral director **Slater, Mo.**

(b) Address **Slater, Mo.**

19. (a) **1-24-'42** (Date received local registrar)

(b) **Ella Alexander** (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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **M. C. Higgins** (M. D. or other)

Address **Slater, Mo.** Date signed **1-30-'42**

9-42  
P

JAN 29 1942

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**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

*Edgar Moore*

Licensed Embalmer No.

*4187*

P. O. Address

*States 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.**