S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9598

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1325

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6916 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6916 Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME Mrs. Margaret Jane Forbes

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. William H. Forbes
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased August (Month) 26 (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	7	76	hr. min.

9. Birthplace Clifton (City, town, or county) Ohio (State or foreign country)
10. Usual occupation At Home
11. Industry or business ------
FATHER
12. Name Joseph Johnson
13. Birthplace Clifton (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Geo. C. Forbes
(b) Address 6916 Paseo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 4, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Yellow Springs, Ohio
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 4-4-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1942 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from FROM FEB 23, 1942, to APRIL 2, 1942 that I last saw her alive on APRIL 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION	1 DAY
Due to	
Due to	
Other conditions HYPERTENSION (Include pregnancy within 3 months of death)	6 Yrs.

Major findings:
Of operations
Of autopsy

94a

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)
While at work? (e) Means of injury
23. Signature B. C. Quetzand (M. D. or other) M.D.
Address 6844 Prospect K.C. Date signed April 3 42

(Licensed Embalmer's Statement on Reverse Side)

6944 Prospect
1-4

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 C Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K C 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.