

Primary Registration District No. 4/11

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

1. PLACE OF DEATH:  
(a) County Christian  
(b) City or town Sparta  
(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

3. (a) PRINT FULL NAME JAKE Rufus Forgey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Wilburn Forgey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 30 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Forgey  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Ibby England  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Forgey  
(b) Address Sparta, Missouri

17. (a) Burial (b) Date thereof 3/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation burden

18. (a) Signature of funeral director Oto Paulsen  
(b) Address Sparta, Missouri

19. (a) 4/9/42 (b) Mrs. M. Johnson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Christian  
(c) City or town Sparta  
(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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 16 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Apr. 22 - 1941 to Mar. 16 - 1942 that I last saw him alive on Mar. 15 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of heart

Due to Chronic Myocarditis 2 years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d Of autopsy \_\_\_\_\_

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) (a) Means of injury \_\_\_\_\_  
23. Signature W. H. Wilson (M. D. or other) 4460  
Address Sparta, Mo Date signed 4/11/42

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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.....

*T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address..... *Orank Md*

**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.**