

S. No. 2
1-14-41
7-5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15059

State File No.

FILED MAY 14 1942

Registrar's No. 57

Registration District No. 607

Primary Registration District No. 5808

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho, Mo. Rt. 1 Two
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Neosho MO. Rt. 1 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Neosho Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Neosho Rtl 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Francis Forsman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 14, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William S. Forsman

13. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Marie Bates

15. Birthplace Akron Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. E. Healy

(b) Address Neosho, Mo. Rt. 4

17. (a) Burial (b) Date thereof 4 8 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burkhart Cemetery

18. (a) Signature of funeral director B. M. Burkhart

(b) Address Seneca, Mo.

19. (a) 4-13-1942 (b) Carly Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 8th
1942 to March 27, 1942

that I last saw him alive on March 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 3 months

Due to _____

Due to _____

Other conditions accident on farm
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1/86 3

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~~ homicide (specify) accident

(b) Date of occurrence Friday of fall from horse 1941

(c) Where did injury occur down field R. D. #1 Neosho
(City or town) (County) (State)

(d) Did injury occur at or about home, on farm, in industrial place, in public place?
on farm

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

23. Signature Melvin M. Hellebrand M. D. or other DO
Address 2473 E. 11th St. Neosho Date signed 4/10/42

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

73
8
6

RECEIVED

District Health Officer No. 6,

District File Number 542-685

Date Filed MAY 13 1942

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 James W. Buzzard
Licensed Embalmer No. 4515
P. O. Address Seneca, 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.