

Registration District No. _____

Primary Registration District No. **5901**

1. PLACE OF DEATH:

(a) County **Shepherd**
(b) City or town **Rolla, Mo.**
(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 **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Shepherd**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rtda Mo**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Merlin Fore

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 **Widowed**

6. (b) Name of husband or wife **Mary Catherine Fore**

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

7. Birth date of deceased **Aug 30, 1864**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

77

6

9

hr.

min.

9. Birthplace **Shepherd Co Mo**

(City, town, or county)

(State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER

12. Name **Dan Know**

13. Birthplace **Rolla Mo**

(City, town, or county)

(State or foreign country)

14. Maiden name **Mary Ann Fore**

15. Birthplace **Rolla Mo**

(City, town, or county)

(State or foreign country)

16. (a) Informant **E. E. Fore**

(b) Address **Rtda Mo**

17. (a) Burial (b) Date thereof **May 11, 1942**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation **Forest Home**

18. (a) Signature of funeral director **Raymond**

(b) Address **Rolla Mo**

19. (a) **3-10-42**

(Date received local registrar)

(b) **Rolla Mo**

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **9**
year **1942** hour **12:50** minute _____ M.

21. I hereby certify that I attended the deceased from **3-8** to **3-9**, 1942

that I last saw him alive on **3-9**, 1942

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

Immediate cause of death **Pneumonia (at lower lobe)**

Duration

2 days

Due to _____

Due to _____

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy **108**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury **0**

23. Signature **E. E. Fore** M.D. or other _____

Address **307534 Rolla Mo** Date signed **3-11-42**

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

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.....

S. B. [Signature]

Licensed Embalmer No.....

3397

P. O. Address.....

Rosea, 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.