V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27565

FILED SEP 11 1942

Registration District No. 4-4-4

Primary Registration District No. 4-2-1 30-37

Registrar's No. 97-69 72

1. PLACE OF DEATH:

(a) County Lawrence Springs Rural 2

(b) City or town Verona R. R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence 55

(c) City or town Verona Mo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jane Ann Forrester

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race N

6. (a) Single, widowed, married, divorced M O

6. (b) Name of husband or wife Thomas

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

7. Birth date of deceased May (Month) 30 (Day) 1857 (Year)

8. AGE: Years 85 Months 2 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Lawrence Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Sid Pilkerton
13. Birthplace Tenn 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Smith
15. Birthplace Tenn 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Conway
(b) Address Verona, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem. Joplin, Mo.

18. (a) Signature of funeral director H D Fossett
(b) Address Mt. Vernon, Mo.

19. (a) 8/18/42 (Date received local registrar) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1942 hour 12:20P.M. minute ..... M.

21. I hereby certify that I attended the deceased from August 10, 1942 to August 18, 1942
that I last saw her alive on August 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis cum cerebral hemmorrhage

Due to .....

Due to .....

Other conditions Senile
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 F. Avery Watson (Date or other)
Address VERONA Mo Date signed 8-19-42

1156 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 942-1378
Date Filed SEP 10 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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Barcoxie 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.