No. 2

X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30354

Registration District No. ~~318~~ 128 Primary Registration District No. 2000 Registrar's No. 677

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution St. John's Hospital (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 Missouri (b) County Greene 39

(c) City or town Springfield, Mo 2 (If outside city or town limits, write "RURAL")

(d) Street No. 820 Belmont St. 6 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME LYSIE FORSYTHE

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 2 Widow

6. (b) Name of husband or wife ~~Widow~~ Unknown

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

7. Birth date of deceased April (Month) 26 (Day) 1868 (Year)

8. AGE: Years 74 Months 4 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name David Smith Bonham
13. Birthplace Coshocton (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Dizzy Elvira Hartley
15. Birthplace Paris (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Maud Bunch

(b) Address 769 East Pacific

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director J. W. Klingner & Co

(b) Address Springfield Missouri

19. (a) Sept 22, 1942 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1942 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from 9/16/42 19..., to 9/18 1942 that I last saw her alive on 9/18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Aneurysm

Due to .....

Due to .....

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

Major findings: Of operations Longe Exposure Tumor around aorta

Of autopsy .....

Duration: 7

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 H. A. Lowe (M. D. or other) 0

Address Springfield, Mo Date signed 10/5/42

784 (Licensed Embalmer's Statement on Reverse Side)

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 Rhodes

Licensed Embalmer No. 4071

P. O. Address Spring Fund

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
X29288

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30354

Registration District No. 128 Primary Registration District No. 2000 Registrar's No.

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John's Hosp.
(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

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

3. (a) PRINT FULL NAME: Lyal Forsythe
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: w
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 26 (Day) 1866 (Year)

8. AGE: Years 74 Months 4 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 16 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: aortic aneurysm (Duration)
Due to: Due to: Other conditions of importance (Include pregnancy within 3 months of death): No
Major findings: Of operation: Long Epipsoite Tumor around aorta
Of autopsy: 96

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

The cause in Oertel's ill and another physician had made a diagnosis of cancer with metastasis. No