

FILED JAN 15 1943

Registration District No. 37

Primary Registration District No. 5117

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Cedar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles West of Ashland Mo
(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 Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles West of Ashland Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Jelma Forbes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 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 Jan 28 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 10 10 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Thomas W. Forbes

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

14. Maiden name Nora Dighton

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

16. (a) Informant Thomas W. Forbes

(b) Address Hartshorn Mo

17. (a) Burial (b) Date thereof 12/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miss Liberty Club

18. (a) Signature of funeral director W. C. Burnett

(b) Address Ashland Mo

19. (a) Jan 3, 1943 (b) Mrs. Alue Estes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1942 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Oct 26 1942 to Dec 8 1942
that I last saw her alive on Dec 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Due to Chronic nephritis
Due to _____

Duration
4 days
4 yrs

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

Major findings: Of operations _____
Of autopsy _____

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 _____

23. Signature Jas. A. Hill (M. D. or other) _____
Address Jefferson City Mo Date signed 12-10-42

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

MOTHER FATHER

1000

JAN 25 1943

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed W. L. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.