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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 14 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Wernon

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

(c) Name of hospital or institution:
State Hosp # 32
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months 11 days
(Specify whether)

In this community Same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Waverly City
(If outside city or town limits, write "RURAL")

(d) Street No. 10th & Locust
(If rural, give location)

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

3. (a) PRINT FULL NAME John C. Forsythe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1943 hour 1 minute 30 P.M.

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

21. I hereby certify that I attended the deceased from Jan 27
1942 to March 11 1943
that I last saw h in alive on March 11 1943
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased DK DK 1866
(Month) (Day) (Year)

Immediate cause of death Pl. cerebral apoplexy Duration 3-9-43

8. AGE: Years Months Days If less than one day

77 DK DK hr. _____ min.

Due to Generalized arteriosclerosis

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

Due to Abnormal myocarditis

10. Usual occupation DK

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations 93d

12. Name DK

Of autopsy has been

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

14. Maiden name DK

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

16. (a) Informant Step. Reed

(b) Address _____

17. (a) Burial (b) Date thereof 3-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Crest

18. (a) Signature of funeral director Wm. C. Beuchler

(b) Address Wernon, Mo

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 Wm. J. Prange (M. D. or other) _____

Address 272 S. 1st Date signed 3-11-43

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

MOTHER FATHER

133)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 3-43-35

Date Filed 4-6-43

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 M. E. Eicher

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.