No. 2
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5-17-39
X26390

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

Dr Horst

State File No. 17851

Registration District No. ILED JUN 3 1943 128 ~~310~~

Primary Registration District No. 2000

Registrar's No. 378

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: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 1503 W. Chestnut (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Albert M. Forgey

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lora Forgey

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

7. Birth date of deceased October (Month) 12, (Day) 1871 (Year)

8. AGE: Years 71 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation Grover

11. Industry or business Grocery Store

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Lora Forgey

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 5-10-43 (Date received local registrar) (b) Dr. W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1943 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from May 3, 1943, to May 8, 1943; that I last saw him alive on May 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 6 days

Due to Arteriosclerosis For some time

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

Of autopsy None

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 O. C. Horst M.D. (M.D. or other)

Address 430 South Ave Springfield Mo Date signed May 9, 1943

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1949

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 Harlow Knabb

Licensed Embalmer No. H 065

P. O. Address Springfield, M

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.

X