

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 24

Registration District No. 238

Primary Registration District No. 4355

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether)

In this community About 20 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid
(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 JOSEPH FORREST

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1943 hour 6:30 minute 0 a.m.

21. I hereby certify that I attended the deceased from April 18, 1943 to April 25, 1943
that I last saw him alive on April 25, 1943
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or Race BLACK

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

6. (b) Name of husband or wife LAURA FORREST

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased MAY 6 - 1863
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

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

89 11 19 hr. _____ min.

9. Birthplace unk Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business unk

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant Laura Forrest

(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof 4-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sanhill

18. (a) Signature of funeral director Preponde and Co

(b) Address New Madrid, Mo.

19. (a) May 7, 1943 (b) Alice Spitzer
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 W. L. Dugas (M. D. or other)

Address New Madrid, Mo. Date signed 4/28-43

RECEIVED
District Health Office No. 2,
District File Number 643-832
Date Filed 6-11-43

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

Lus Hedgryth

Licensed Embalmer No.

3803

P. O. Address

New Madrid, 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.