

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District 175

Primary Registration District No. 4275

Registrar's No. 81

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 47 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lawrence
 (c) City or town Marionville
(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 Grace Darling Forrester
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Monday day May 31
 year 1943 hour 100 minute 05 P.M.
 21. I hereby certify that I attended the deceased from 5/1/42
 , 19. to 5/31/43 , 19. 43
 that I last saw or alive on 5/31/43 , 19. ;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ben J. Forrester 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased Sept. 16, 1895
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Uterus, Colon + stomach
 Duration 5 yrs.

8. AGE: Years 47 Months 8 Days 15 If less than one day hr. min.

Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy
 PHYSICIAN 4618

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

10. Usual occupation
 11. Industry or business
 12. Name A. D. Munson
 13. Birthplace Ashville, N. C. (City, town, or county) (State or foreign country)
 14. Maiden name Julia Francis Jones
 15. Birthplace Morgan Co. Ala. (City, town, or county) (State or foreign country)

16. (a) Informant Ben. J. Forrester
 (b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof June 2-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. B. Bradford
 (b) Address Marionville, Mo.

19. (a) June 2 1943 (b) Eunice Green
(Date received local registrar) (Registrar's signature)

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 Wayne M. Cleaver (M. D. or other)
 Address Marionville, Mo. Date signed 6/2/43

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

FILED
55
2
6

RECEIVED

District Health Officer No. 6,

District File Number 743-884

Date Filed JUL 20 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *F. J. Kephart*

Licensed Embalmer No. 2804

P. O. Address Marionville, 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.