

State File No. ....

FILED DEC 2 1943  
Registration District No. 7.5

Primary Registration District No. 3.03.6

Registrar's No. 145

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

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
129 East St Louis St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. 129 Est St Louis St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ella Forester

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Thomas Forester 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased June 13 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 5 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Marion Wise  
13. Birthplace ? Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Phillips  
15. Birthplace ? Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Noel Forester  
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 11/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director J.F. King  
(b) Address Aurora Mo.

19. (a) 11-17-43 (b) Clarence [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16  
year 1943 hour 2 minute 00P.M.

21. I hereby certify that I attended the deceased from Sept 24, 1943 to Nov 16, 1943  
that I last saw her alive on Nov 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Tuberculous

Due to Bacillus Tuberculosis

Due to 13 1/2

Other conditions Tuberculosis of lungs.  
(Include pregnancy within 7 months of death)  
Pneumonia, heart disease

Major findings:  
Of operations none

Of autopsy none

Duration Not known

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 [Signature] (M. D. or other) M.D.  
Address 6 E. [Signature] Date signed 11/16/43

RECEIVED

District Health Officer No. 6,

District File Number 1243-1321

Date Filed DEC 7 1943

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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..... *Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address..... Aurora 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.