S. No. 2*
DM—2-43
5-17-39
X35697

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

40970

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 22 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5089

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 1521 Wyondotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): 8 Yrs

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 1517 Wyondotte
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Van Lewis Forson

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: May 9 1935 (Month) (Day) (Year)

8. AGE: Years 8 Months 6 Days ~~10~~ 22 If less than one day hr. min.

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

10. Usual occupation: School boy

11. Industry or business:

FATHER
12. Name: Jach Forson
13. Birthplace: Texas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mabel Ola Johnson
15. Birthplace: Texas (City, town, or county) (State or foreign country)

16. (a) Informant: Jack Forson
(b) Address: 1517 Wyondotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 4 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem

18. (a) Signature of funeral director: Mrs C. L. Forster
(b) Address: 918 Brooklyn

19. (a) 12-3-43 (Date received local registrar) (b) T. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 1 year: 1943 hour: 5 minute: 36P M.

21. I hereby certify that I attended the deceased from Deputy Coroner, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Skull Fracture	
Due to: Auto Trauma	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: See above

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): Accident 123
(b) Date of occurrence: Dec. 1 1943
(c) Where did injury occur? Kansas City (City or town) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (e) Means of injury: Trauma

23. Signature: A. E. Upsher M.D. (M. D. or other)
Address: 22 McCoy Date signed: 12/2/43

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kemo

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.