

Registration District No. 10848

Primary Registration District No. 6196

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Licking, S. H. Road
(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 _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

3. (a) PRINT FULL NAME Margaret Virginia DeForest

3. (b) If veteran, name war ✓

3. (c) Social Security No. L

4. Sex 7 5. Color of race 1

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

6. (b) Name of husband L. D. DeForest

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

7. Birth date of deceased May 9 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Licking MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Tracie Reed

13. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Knight

15. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant L. V. DeForest

(b) Address Funeral

17. (a) (b) Date thereof 10-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brand Peck Cem

18. (a) Signature of funeral director Smith & Ferguson

(b) Address Licking MO

19. (a) Jan 6 - 1944 (b) Maggie Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas ¹⁰⁷

(c) City or town Licking ¹
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) If foreign born, how long in U. S. A. ✓ ¹ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1943 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma ^{Duration}
all over abdomen
Region

Due to Rylands Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 55

Major findings: 55

Of operations _____

Of autopsy _____

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? Licking

While at work? _____ (Specify type of place)

(e) Means of injury 5

23. Signature Leshie Kaudell (M. D. or other) _____

Address Licking MO Date signed _____

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

07
0

1257

RECEIVED

District Health Officer No. 5,

District File Number 14451

Date Filed 1-8-46

MAY 27 1946

FEB 26 1945

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 Ernest E. Ferguson
Licensed Embalmer No. 3945
P. O. Address Fishing MD

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, above space should be left blank.