S. No. 2
M—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3366

Registration District No. 175 Primary Registration District No. 5645 Registrar's No. 165

55

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural (Aurora Twnship) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ¼ Mile East Of Aurora (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 Lawremce
(c) City or town Aurora (If outside city or town limits, write "RURAL")
(d) Street No. 602 S, Madison Ave, (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allen Forester
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cynthia Forester 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August (Month) 21 (Day) 1867 (Year)

8. AGE: Years 76 Months 3 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Stone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....

FATHER
12. Name Bill Forester
13. Birthplace ? (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Nancy Morris
15. Birthplace ? (City, town, or county) Tenn, (State or foreign country)

16. (a) Informant Mrs Allen Forester
(b) Address Aurora Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43 (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) 12-21-1943 (Date received local registrar) (b) Eunice Greene by (Registrar's signature) A M

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1943 hour about 10 minute 00 A. M.
21. I hereby certify that I attended the deceased from After Death, 19..., 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 Suicide	
Due to Gun shot wound in throat with 410 Gage Shot Gun.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

164 C

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) Suicide
(b) Date of occurrence Dec, 20 1943
(c) Where did injury occur? Lawrence Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road (Specify type of place)
While at work? No (e) Means of injury Shot Gun
23. Signature Wm Newell J Connor (M. D. or other)
Address Pierce City Mo. Date signed 12/20/43

1156 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 14438
Date Filed 1-11-44

FEB 3 194

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.