

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 31

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town R # 2, Aurora, Missouri
(c) Name of hospital or institution: Imp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 years
In this community 34 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Ann Forester
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____
4. Sex Female Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cas W. Forester 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased December 26, 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Garner
not known 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mary Hudson
not known 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Cas W. Forester
(b) Address R # 2, Aurora, Mo.

17. (c) Burial (b) Date thereof 3-12-44
(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) 3-11-44 (b) Clarence Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 35
(a) State Missouri (b) County Lawrence
(c) City or town R # 2, Aurora,
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1944 hour 6 minute 30 p. m.

21. I hereby certify that I attended the deceased from December 10, 1943 to March 10, 1944
that I last saw her alive on February 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis? 9
Coronary of lung? 1/2
Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 A. P. Loyette M.D. (M. D. or other) _____

Address _____ Mo. Date signed 3-11-44

RECEIVED

District Health Officer No. 6;

District File Number 2444-488

Date Filed

APR 13 1944

4531

RECEIVED

APR 13 1944

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 M. 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.