

S. No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25072

State File No.

FILED AUG 8 1944

Registration District No.

Primary Registration District No. 4286

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Grange
(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 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town La Grange 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ada Edna Fohrman

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 George Fohrman 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased December 25th, 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Brown County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name G.W. Barker

13. Birthplace Brown County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Jane Whiled

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

16. (a) Informant George Johnson
(b) Address La Grange, Missouri.

17. (a) Burial (b) Date thereof 7/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Mo.

18. (a) Signature of funeral director A.M. Roberts
(b) Address La Grange, Missouri.

19. (a) 7/18/44 (b) P.W. Jernigan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 19 year 1944 hour 10 minute a M.

21. I hereby certify that I attended the deceased from 4-22 1944, to 7-17 1944 that I last saw her alive on 7-13- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs

Due to Hypertension 1 hr

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83a!

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature A.J. Hill Address La Grange, Mo. Date signed 7-19-44

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

MOTHER FATHER

987

(Licensed Embalmer's Statement on Reverse Side)

FILED
SEP 28 1951

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.....

A.A. Roberts.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **1626**.....

P. O. Address **La Grange, 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.