

FILED SEP 18 1944

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 203

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City, Mo.
(c) Name of hospital or institution St Mary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 12 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City, Mo.
(d) Street No. 915 Brown Drive
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE MILTON FORSYTHE

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 Callie Butler Forsythe 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased December 23, 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 18 If less than one day hr. — min.

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

10. Usual occupation Clerk
11. Industry or business County Stat Office

12. Name J. W. Forsythe
13. Birthplace Madison, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Reimbs
15. Birthplace Madison Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Forsythe
(b) Address Jefferson City, Mo.
17. (a) Removal (b) Date thereof 9/11/44
(Month) (Day) (Year)
(c) Place: burial or cremation Madison, Mo.

18. (a) Signature of funeral director Raymond Beale
(b) Address Jefferson City, Mo.
19. (a) 9-11-44 (b) Thermon Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1944 hour 3:09 minute M.

21. I hereby certify that I attended the deceased from June 3 1944 to Sept 11 1944
that I last saw him live on Sept 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction & embolism 2 weeks

Due to Toxic Hepatitis 2 weeks

Due to _____
Other conditions 127 ft
(Include pregnancy within 3 months of death)

Major findings: Obstruction Common duct
Of operations _____
Of autopsy (Stage) (Removal)

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 [Signature] (M. D. or other) _____
Address Jefferson City, Mo. Sept 4, 1944

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

MOTHER FATHER

Duration
Physician
Underline the cause to which death should be charged statistically.

OCT 13 1944

SEP 27 1944

RECEIVED

District Health Officer No. 9.

District File Number _____

Date Filed 9-15-44

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 Sylvester Quill

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.