

Registration District No. 12

Primary Registration District No. 5450

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Kentucky
(b) City or town Bentleyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alie Fore

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 A. N. Fore 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan. 14 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Brown

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

14. Maiden name Rebecca Tucker

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

16. (a) Informant A. N. Fore

(b) Address Bentleyville, Mo.

17. (a) Burial (b) Date thereof 10/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berlin

18. (a) Signature of funeral director Chas. H. Brooks

(b) Address Albany Missour

19. (a) 11-28-44 (b) Thomas N. Webster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Kentucky
(c) City or town Bentleyville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1944 hour 12: minute 55P.M.

21. I hereby certify that I attended the deceased from Jan. - 3 - 44
1944, to Nov. 11-18-, 1944
that I last saw him or alive on Oct. 27 Nov. 18-, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. Duration 10 yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 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?

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

23. Signature Frank R. H. Rose (M. D. or other) M.D.
Address Albany, Mo Date signed 11-28-44

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

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

Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address

Albany 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.