V. S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11, 1945

Registration District No. 1005

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40465

Primary Registration District No. 1005

Registrar's No. 326

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Rural Pettis Township
(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 —
(Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Adair
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. — Pettis Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Timothy Forman
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edith Forman
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Oct (Month) 24 (Day) 1870 (Year)
8. AGE: Years 74 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Davenport Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Henry Forman
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Forman
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Riley Forman
(b) Address LaPlata Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15-1944 (Month) (Day) (Year)
(c) Place: burial or cremation LaPlata
18. (a) Signature of funeral director D. L. Christie
(b) Address LaPlata Mo
19. (a) 12-16-44 (Date received local registrar) (b) Mrs. J. L. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1944 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 12, 1944 to Dec 12, 1944 that I last saw him alive on Dec 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 weeks
Due to Influenza	2 weeks
Due to Exposure	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 33 b	
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? (Specify type of place)
While at work? (e) Means of injury?
23. Signature Ripley Gillen (M. D. or other) DO
Address La Plata Mo Date signed 12/14/44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-45-69
Date Filed JAN 9 1945

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 D S Christie

Licensed Embalmer No. 1109

P. O. Address La Plata Ma.

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.