

FILED APR 12 1945

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Drake Hotel--Howard & 4th, Sts.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ⁴⁹
(c) City or town Carthage ¹
(If outside city or town limits, write "RURAL") ³
(d) Street No. 208 Willow
(If rural, give location)
(e) Citizen of foreign country? No ¹ (Yes or No)
If yes, name country: - - -

3. (a) PRINT FULL NAME Forrest William Sentman

3. (b) If veteran, name war No 3. (c) Social Security No. 702-18-0930

4. Sex Male ⁰ 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Junior Jordan 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased September 27 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 15 If less than one day br. min.

9. Birthplace Calloway Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad man (retired)

11. Industry or business None

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown ⁹
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leo Bender
(b) Address 6716 Adison, St. Louis, Mo.

17. (a) Burial (b) Date thereof Mar. 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery
(a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) McK. 17'45 (b) E. Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March ¹²
year 1945 - hour 7 minute P. M.

21. I hereby certify that I attended the deceased from March 12, 1945 to March 13, 1945
that I last saw him alive on March 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Infarct
Due to Coronary Myocarditis

Due to Coronary Myocarditis
Other conditions None
(Include pregnancy within 6 months of death)

Major findings: Coronary Myocarditis
Of operations None
Of autopsy None

Duration

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 None (Specify type of place) (e) Means of injury None
23. Signature W. H. ... (M. D. or other) ...
Address ... Date signed 3-14-45

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

1203

SEP 18 1945

APR 1 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 Emm. R. Street
Licensed Embalmer No. 391
P. O. Address Carthage

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.