S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36168

FILED NOV 26 1945

Registration District No. 797 Primary Registration District No. 1002 Registrar's No. 4663

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2716 Troost Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 17 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2716 Troost Avenue 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME WALTER JAMES FORBER

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 487-12-9486

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie M. Forber

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December (Month) 25th. (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	10	16	____ hr. ____ min.

9. Birthplace Philadelphia (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Salesman

11. Industry or business ____

FATHER
12. Name James Forber
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gertrude Belding
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie M. Forber

(b) Address 2716 Troost Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/ 12/ 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 11-12-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th.
year 1945 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Nov. 11, 1945 Only, 19__, to ____, 19__;
that I last saw h__ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	24 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a

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 J. Cochran (M. D. or other)

Address 200 plaza Med Bldg. Date signed 11-12-45

(Licensed Embalmer's Statement on Reverse Side)

12-4
200 Plaza Mod. Bldg.

AUG 22 1949

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas 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.