

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

FILED MAY 2 1946

State File No. _____

Registration District No. 226

Primary Registration District No. 4337

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Madison
(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 Lifelong
years, months or days

3. (a) PRINT FULL NAME Joseph Milton Forzythe

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. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 25 - 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Milton Forzythe

13. Birthplace Madison Ky
(City, town, or county) (State or foreign country)

14. Maiden name Buzella Milner

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

16. (a) Informant Sara Forzythe

(b) Address Madison Mo

17. (a) burial (b) Date thereof 3-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Cemetery

18. (a) Signature of funeral director Fred K... ..

(b) Address Madison Mo

19. (a) 3/2-46 (b) Sara B. Barner
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1946 hour 11 minute a M.

21. I hereby certify that I attended the deceased from Aug 29 1945, to Feb 28 1946.
that I last saw him alive on Feb. 18 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism
Duration 1 hr.

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) (c) Means of injury _____

23. Signature W. R. (M. D. or other)

Address Madison Mo Date signed 3-2-46

MOTHER FATHER

3/22/23
6 AM

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.

3/22/23
6 AM

Signed..... *Mr. J. G. Thompson*

Licensed Embalmer No. *32812*

P. O. Address *Medway, 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.