S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1946

State File No. 30577

Registration District No. 150 Primary Registration District No. 4234 5572 Registrar's No. 128

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town R.R. #1 Lee's Summit, Mo
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Lee's Summit, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Martha McKitrick Forsythe

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W.A. Forsythe

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

7. Birth date of deceased Jan. (Month) 10 (Day) 1859 (Year)

8. AGE: Years 87 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Crawfordsville (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Ann McMurry
15. Birthplace Ohio (City, town, or county) State (State or foreign country)

16. (a) Informant Jean Forsythe
(b) Address Greenwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 15 (Day) 1946 (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director N.B. Langsford
(b) Address Lee's Summit, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1946 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 1946; that I last saw her alive on July 24 , 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Due to: Senility	
Due to: Fracture of left hip	1944
Fracture both tibia	1946
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 James C. Keacock (M. D. or other) DO
Address Pleasant Hill, Mo. Date signed 8-13-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2833

P. O. Address Leo Summit

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.

30537
13727

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13727

Registration District No. 150 Primary Registration District No. 42-3-4557 2 Registrar's No. 128

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Prairie - Rural
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Martha M. Forsythe

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife W. A. Forsythe

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

7. Birth date of deceased Jan 10 1861
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days Hours Minutes if less than one day hr. min.

9. Birthplace Crawfordsville (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name James McKtrick

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

14. Maiden name Ann McMurry

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

16. (a) Informant Jean Forsythe

(b) Address Greenwood, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-46 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director N.B.Langsford

(b) Address Lee's Summit, Mo.

19. (a) 8-13-46 (Date received local registrar) (b) Ina G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 24 Year 1946 Hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on July 24 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	
Due to Senility	
Due to Fracture of left hip	1944
Fracture both tibia	1946

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/6 19 1/8

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) yes

(b) Date of occurrence July 24 1946

(c) Where did injury occur? Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? no (e) Means of injury fell out of bed

23. Signature James L. Hancock (M. D. or other) D.O.

Address Pleasant Hill, Mo. Date signed 8-13-46

SUPPLEMENTARY 3

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

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-3-45
X43883