

No. 2
2-45
17-39
X47070

Registration District No. **21047**

Primary Registration District No. **3056**

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Asheville
(c) Name of hospital or institution Woodland Hospital
(d) Length of stay: In hospital or institution 2 hours
In this community 2 months 21 days

3. (a) PRINT FULL NAME PHILLIP WAYNE FORREST
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October - 9 - 1946

8. AGE: Years 0 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Cairo Missouri

10. Usual occupation Infant

11. Industry or business _____
MOTHER FATHER { 12. Name W. Melvin Forrest
13. Birthplace Randolph Co. Mo.
14. Maiden name Arb Gooding
15. Birthplace Randolph Co. Mo.

16. (a) Informant W. M. Forrest
(b) Address R.F.D. #3 Huntsville Mo

17. (a) Burial (b) Date thereof Dec-31-46
(c) Place: burial or cremation Pleasant Hill Cemetery

18. (c) Signature of funeral director Snow Funeral Home
(b) Address Asheville Missouri

19. (a) Dec 31 46 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Randolph Missouri 88
(b) County _____
(c) City or town Huntsville
(d) Street No. R.F.D. #3
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 30
year 1946 hour 4 minute 03 P.M.
21. I hereby certify that I attended the deceased from Oct 9 1946 to Dec 30 1946
that I last saw him alive on Dec 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 days

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations none
Of autopsy none

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature W. Dreyer (M. D. or other) MD
Address Huntsville Mo Date signed 12/31/46

RECEIVED
District Health Officer No. 10
District: Filadelfia 47-18
Date: 1947 JAN - 6

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 R. M. Cater
Licensed Embalmer No. 4117
P. O. Address Moberly 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.