S. No. 2
OM. 2-15
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2050

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months (Specify whether
In this community 50 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pike Missouri (b) County Pike 82
(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")
(d) Street No. 502 North 4th. St. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Kate Forgey Block

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Block
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased May (Month) 27 (Day) 1863 (Year)

8. AGE: Years 83 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Pike Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business 0

FATHER
12. Name William Forgey
13. Birthplace Pike Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nancy Kissinger
15. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Mrs. Clifford Mackey
(b) Address St. Louis Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/ 24/'47 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery
18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana Missouri
19. (a) 1-24-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd. year 1947 hour 3 minute 20 A M.

21. I hereby certify that I attended the deceased from Nov. 25, 1946 to Jan 20, 1947 that I last saw her alive on Jan 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 3 months
Due to Arteriosclerosis — Not known
Due to Age
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
83 A

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 0

23. Signature E M Bartlett (M. D. or other)
Address Clarksville Mo. Date signed 1/22/47

374

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1947

RECEIVED
District Health Officer No. 10
District File Number 2-41-234
Date Filed FEB 5 1947

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 Virginia M. Stone, Registered Apprentice No. 491, working under my personal supervision.

Signed J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.