

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4307**

FILED MAR 12 1947

Registration District No. **67**

Primary Registration District No. **4120**

Registrar's No. **10**

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

1. PLACE OF DEATH:

(a) County Christian

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all of life years, months or days

3. (a) PRINT FULL NAME Rebecca Alice Forbes

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 married

6. (b) Name of husband or wife Cleve Forbes **6. (c) Age of husband or wife if** 61 years

7. Birth date of deceased May 22, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>8</u>	<u>17</u>	hr. min.

9. Birthplace Mo. n
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Hewston Payne

13. Birthplace Mo. n
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ann Gray

15. Birthplace Mo. n
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Allen

(b) Address Clever, Mo.

17. (a) Burial burial **(b) Date thereof** Feb. 11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delaware Cem.

18. (a) Signature of funeral director J.W. Maples

(b) Address Clever, Mo.

19. (a) Date received local registrar Feb. 14, 1947 **(b) Registrar's signature** Allene Draier

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 28, 1944 to Feb 9, 1947
that I last saw her alive on Feb 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Carcinoma uterus

Due to _____

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

Major findings: _____
Of operations: _____

Of autopsy: 48B

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) **(e) Means of injury** Q

23. Signature Charles Adams (M. D. or other) MD

Address Billings, Mo **Date signed** 2-11-47

Duration 2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 6,
District File Number 347-287
Date Filed MAR 5 1947

SEP 27 1951

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..... *J.W. Maples*

Licensed Embalmer No. *2985*

P. O. Address..... *Clever, 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.