V. S. No. 2
M—12-45
ev. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1947

Registration District No. 368

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23165

Primary Registration District No. 3076

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 935 West Hunter 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 his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")

(d) Street No. 935 West Hunter 2
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Charlie Forgey

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race N

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife Bessie May

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June (Month) 1 (Day) 1878 (Year)

8. AGE: Years 69 Months 0 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John D. Forgey 1
13. Birthplace (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Nancy Hansen
15. Birthplace Salem (City, town, or county) N.C. 1 (State or foreign country)

16. (a) Informant Varrell L. Forgey
(b) Address 420 N. 8th St. Fort Scott Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada Missouri

19. (a) 6-23-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1947 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Mar 14, 1947, to June 2, 1947
that I last saw him alive on June 2, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 dec
Due to Arteriosclerosis	
Due to	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations 83A	
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature F L Martin (M. D. or other) MD

Address Nevada Date signed 6/10/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-47-770
Date Filed 6-30-47

JUL 3 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1760

P. O. Address Nevada 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.