No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27686

FILED AUG 26 1947

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 3474

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Lukes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence (If outside city or town limits, write "RURAL")
(d) Street No. RR 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. MARJORIE MARIE FORKNER
3. (b) If veteran, name war no
3. (c) Social Security No. 498-24-5813
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ernest E. Forkner
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Sept. 14, 1907 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	10	27	hr. min.

9. Birthplace Blockton, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Department head
11. Industry or business Montgomery Ward & Co.

FATHER
12. Name John O'Neal
13. Birthplace unknown, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Lee
15. Birthplace unknown, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ernest E. Forkner
(b) Address RR3, Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Washington
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.
19. (a) 8-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1947 hour 7:00 minute P M.
21. I hereby certify that I attended the deceased from Pathologist to, 19 ; that I last saw h alive on, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Right
Due to Lower Lobe
Due to Cause undetermined
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1 0 8
Of autopsy Same

Duration

PHYSICIAN
Underline the cause of 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 C. C. H. Schmidt (M. D. or other)
Address [illegible] Date signed 13 Aug 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 George G Carson

Licensed Embalmer No. 2249

P. O. Address Independence 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.