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7. 5-17-39
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380770

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 1 1947

Registration District No. 77

Primary Registration District No. 5305

Registrar's No. 115

1. PLACE OF DEATH:

(a) County COLE
(b) City or town R. R. # 3 LIBERTY TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - R.R.#3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE
(c) City or town RURAL LIBERTY TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 3 JEFFERSON CITY,
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

GUS FORCK
3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 24
year 1947 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from Feb 1 1947 to Sept 24 1947
that I last saw him alive on Feb 1 1947
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELEZABETH WILBERS FORCK 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased AUGUST 28, 1880
(Month) (Day) (Year)

Immediate cause of death
acute cardiac failure
Due to arteriosclerotic heart disease 1 yr.
Due to _____
Other conditions
(include pregnancy within 3 months of death)

8. AGE: Years 67 Months 0 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace TAOS, MISSOURI (City, town, or county) (State or foreign country) 0

10. Usual occupation STONE WORKER

11. Industry or business SELF

12. Name BEN FORCK 0

13. Birthplace TAOS, MO. (City, town, or county) (State or foreign country)

14. Maiden name MARGARET RACKERS

15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant MRS. GUS FORCK

(b) Address R. R. # 3 JEFFERSON CITY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/27/47
(Month) (Day) (Year)

(c) Place: burial or cremation TAOS, MO.

18. (c) Signature of funeral director Sylvester Dulle

(b) Address JEFFERSON CITY, MO.

19. (a) 9-24-47 (Date received local registrar) (b) R.P. Davis MD (Registrar's signature) 448

Major findings:
Of operations 97D
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? _____
While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature W Kanagawa (M. D. or other) MD
Address Dallmeyer Bldg Date signed 9/24/47

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

26
00

RECEIVED
District Health Officer No. 9,
District File Number 9-30-47
Date Filed

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.....

Melvin L. Janssens, Registered Apprentice No. 489
working under my personal supervision.

Signed Sylvester Quille

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.