7. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 434

Registration District No. 289 Primary Registration District No. 5161 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Rural 8 Mi West New Bloomfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cedar Twp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 14
(c) City or town Rural 8 Mi West New Bloomfield
(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 .....

3. (a) PRINT FULL NAME Sidney Owen Forbis
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, ~~widowed, married, divorced~~ Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb. (Month) 9 (Day) 1867 (Year)
8. AGE: Years 80 Months 11 Days 0 If less than one day ..... hr. ..... min.
9. Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
12. FATHER Name Francis Forbis
13. FATHER Birthplace Boone Co. (City, town, or county) Mo (State or foreign country)
14. MOTHER Maiden name Mary Anne McDonald
15. MOTHER Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant S. S. Forbis
(b) Address New Bloomfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Union Hill Cem
18. (a) Signature of funeral director Roy R. Hall
(b) Address New Bloomfield Mo
19. (a) Jan 9-48 (Date received local registrar) (b) H. Roy Clymer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1948 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 8 1948 to Jan 8 1948; that I last saw him alive on Jan 8 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 .....
23. Signature G. Meier Rush (M. D. or other)
Address New Bloomfield Date signed 1-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 1/5/48
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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. Kay Cleyport

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.