

S. No. 2
M-5-43
5-17-39
I X36671

FILED FEB 5 1948

State File No. _____

Registration District No. 123

Primary Registration District No. 5457

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Willard, Mo. R1 Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Care Township - 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Willard, Mo. R1 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Care Township
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Samuel Newton Forshee

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1948 hour 5 minute 15 p.m.

21. I hereby certify that I attended the deceased from
Jan 25 1948 to Jan 27 1948
that I last saw him alive on Jan 27 1948
and that death occurred on the date and hour stated above.

4. Sex Male Color or race white

5. Color or race white

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

6. (b) Name of husband or wife Port Long Forshee

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

7. Birth date of deceased: August 14 1894
(Month) (Day) (Year)

Immediate cause of death Paralysis

Due to Atherosclerosis

Due to _____

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

8. AGE: Years Months Days If less than one day

73 5 15 hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business Stock & Grain FARMER

MOTHER FATHER

12. Name John W. Forshee

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

14. Maiden name Margaret Woodruff

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Coyne Forshee

(b) Address Willard Mo. R1

17. (a) BURIAL (b) Date thereof January 31 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Gene A. Binn

(b) Address Walnut Brown Mo.

19. (a) January 30 - 48 (b) Claron T. Murray
(Date received by registrar) (Registrar's signature)

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 J. W. Hubert M.D. (M. D. or other) _____

Address Walnut Brown Mo. Date signed 1/30/48

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

Green... 11th Office,
County F... number 48-2-13
Date Filed 2-4-48

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.....

.....
working under my personal supervision.

Rex Miller Registered Apprentice No. *459*

Signed *Gene A. Brown*

Licensed Embalmer No. *2664*

P. O. Address.....

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.