V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 936

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 1

45

1. PLACE OF DEATH:
(a) County: Howard
(b) City or town: Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Howard
(c) City or town: Armstrong, Rural
(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: Mary Dell Forbes
3. (b) If veteran, name war: ----
3. (c) Social Security No.: ---
4. Sex: Female
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: September (Month) 9, (Day) 1942 (Year)

8. AGE:

Years	Months	Days	If less than one day
5	3	23	hr. -- min.

9. Birthplace: Howard Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: ---
11. Industry or business: ---
FATHER
12. Name: Ollie Forbes
13. Birthplace: Howard Co. Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Helen Dean Colley
15. Birthplace: Boone Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Ollie Forbes
(b) Address: Armstrong, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sharon Cemetery
18. (a) Signature of funeral director: Ralph A. Carr
(b) Address: Fayette, Missouri
19. (a) 1-10-1948 (Date received local registrar) (b) Dorothy Jean Sohn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd year 1948 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from December 31, 1947, to January 2, 1948; that I last saw h... alive on January 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Terminal pulmonary atelectasis	2 days
Due to Acute laryngotracheo bronchitis Severe	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death) 0	

Major findings:
Of operations: No
Of autopsy: No

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: Francis D. Dean (M. D. or other) MD
Address: Lee Hospital Fayette, Mo Date signed 1-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-15-48

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 Lloyd O. Jaspering Registered Apprentice No. 461, working under my personal supervision.

Signed Ralph A Carr
Licensed Embalmer No. 3340
P. O. Address Fayette 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.