

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8692
991
Registrar's No.

FILED MAR 20 1948

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3522 Morrell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3522 Morrell 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRED AUGUST FORCHT

3. (b) If veteran, name war - no 3. (c) Social Security No. 492-26-5335

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept 11 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 20 hr. min.

9. Birthplace Hastings Nebr. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Window Decorator

11. Industry or business Self

12. Name William C Forcht

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Lobel

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

16. (a) Informant Ruth Forcht

(b) Address 3522 Morrell

17. (a) Burial (b) Date thereof 3-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 3-3-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1 day 1
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 7, 1948 to Mar. 1, 1948
that I last saw him alive on Mar. 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated myocarditis 2 days
Essential Hypertension 1 yr.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 93d

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) (e) Means of injury 2.

23. Signature J. J. Peck (M. D. or other) DO
65118 Indep. Ave Date signed 3/3/48
Address _____

WRITE PLAINLY—USE 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 *H. E. Blackman*

Licensed Embalmer No. *3639*

P. O. Address. *NC 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.