

FILED MAY 11 1948

Registration District No. 28

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4031

11463  
State File No. \_\_\_\_\_

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Adrian  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 71 years  
years, months or days)

3. (a) PRINT FULL NAME Albert A. Forbes.

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louisa Bateman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 29 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 4 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James E. Forbes 7

13. Birthplace Don't Know 7  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E.

15. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louisa Forbes

(b) Address Adrian, Mo

17. (a) Burial (b) Date thereof 5-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Hill

18. (a) Signature of funeral director Creath, J. H.

(b) Address Adrian, Missouri

19. (a) 5-8-48 (b) Myra Owens  
(Date received local registrar) (Registrar's signature) 11a

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7  
(c) City or town Adrian 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1948 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Dead on arrival

Due to Chronic Myocarditis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93 B  
Of autopsy no

Duration  
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? 5

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John G. Henderson Coroner  
Address Butler Mo Date signed 5-7-48

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

RECEIVED

District Health Officer No. 71

District File Number 4-48-482

Date Filed 5-10-48

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.....

*C. H. Six*

Registered Apprentice No. 3659

working under my personal supervision.

Signed

*Ernest V. Greath*

Licensed Embalmer No. 3343

P. O. Address Adrian, 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, above space should be left blank.