

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12564

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

FILED APR 17 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1376

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:  
3000 Campbell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X  
40 Yr's (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 3000 Campbell  
(If rural, give location)

(e) Citizen of foreign country? X NO (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Anna Lee Forbes

3. (b) If veteran, name war X no

3. (c) Social Security No. 490-16-1893

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife Hilliard Forbes

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

7. Birth date of deceased Feb 11 1869-1870  
(Month) (Day) (Year)

8. AGE: Years 78 29 Months 1 Days 21  
If less than one day hr. min.

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

10. Usual occupation Clerk T.M. James, China

11. Industry or business X

12. Name John Wm. Weldon

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

14. Maiden name Mary Ellen Tucker

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

16. (a) Informant M.M. Weldon (Nephew)

(b) Address 5515 Tracy

17. (a) Burial (b) Date thereof 3-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hallsville, Mo. Stine & McClure

18. (a) Signature of funeral director Kansas City, Mo.

(b) Address 3-29-48

19. (a) 3-29-48 (b) Waldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1948 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from Carney 19... to ... 19...  
that I last saw him alive on ... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to arteriosclerosis

Other conditions 938  
(Include pregnancy within 3 months of death)

Major findings: Of operations Heart & Inspection

Of autopsy no

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 Carney

23. Signature James ... (M. D. or other) \_\_\_\_\_

Address 1424 ... Date signed 3-28-48

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.....

*Max E. Meyer*

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

working under my personal supervision.

Signed *J. Clair Shipman*

Licensed Embalmer No. *4179*

P. O. Address *K. C. 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.**