

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16650
Registrar's No. 95

FILED MAY 28 1948
Registration District No. 248

Primary Registration District No. 5572

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Prairie Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 70 years
years, months or days)

3: (a) PRINT FULL NAME MRS. ANNA L. WEBB

3: (b) If veteran, name war None 3: (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 20 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Forlow
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Martha Duncan
15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant William C. Forlow
(b) Address 1506 Hedges, Independence, Mo.
17. (a) Burial (b) Date thereof 5-12, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cemetery

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.

19. (a) May 10, 1948 (b) Donald C. Carson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 9319 E. 18th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1948 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from 12 April 1948 to 9 April 1948
that I last saw him alive on 9 April 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 1/2 wks.

Due to _____
Due to _____

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

Major findings: Of operations None
Of autopsy _____
PHYSICIAN _____

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)
(c) Means of injury Stroke
Donald C. Carson (M.D., Registrar)
Address Independence, Mo. Date signed 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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Richard L. Shorten

Licensed Embalmer No. 4532

P. O. Address Independence

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.