S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29463

FILED OCT 4 1948

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 825

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 da. (Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry 5

(c) City or town Cape Fair 'Rural' 0
(If outside city or town limits, write "RURAL")

(d) Street No. R #1. 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lewis Robert Forester

3. (b) If veteran, name war No

3. (c) Social Security No. 509-28-2838

4. Sex M. D

5. Color or race WHITE 1

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

6. (b) Name of husband or wife Della Mae Forester

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Sept (Month) 10 (Day) 1926 (Year)

8. AGE:

Years	Months	Days	If less than one day
28		20	hr. min.

9. Birthplace Barry Co (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Finis Daniel Forester
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mary Frances Elizabeth McCaslin
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Lenna Essary, Sister

(b) Address Cape Fair Mo R1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/48 (Month) (Day) (Year)

(c) Place: burial or cremation Shelton Mo

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-30-48 (Date received local registrar) (b) W.E. Hoeckley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1948 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from Sept 27, 1948, to Sept 30, 1948, that I last saw him alive on Sept 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Peritonitis	2 days
Due to Intestinal Obstruction (Meckel's diverticulum)	3 days Life
Due to Atresia of Bowel	Life
Other conditions Terminal Pneumonia (Include pregnancy within 3 months of death)	1 day

Major findings:
Of operations none
Of autopsy As above

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Durward G Hall (M. D. ~~or other~~)

Address 500 Holland Bldg. Date signed 9/30/48

(Licensed Embalmer's Statement on Reverse Side) Springfield Mo

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 Robert W. McGraw, Registered Apprentice No. 277, working under my personal supervision.

Signed Walter E. Hamelter

Licensed Embalmer No. 3808

P. O. Address Springfield 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.