

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 21 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

32886
State File No. _____
Registrar's No. **3922**

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **3922**

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

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 5 days

3. (a) PRINT FULL NAME Everett Forcade

3. (b) If veteran, name war No

3. (c) Social Security No. 512-03-5606

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Hester Forcade

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March 20th 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>6</u>	<u>7</u>	hr. min.

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

10. Usual occupation Mechanic

11. Industry or business _____

12. Name Frederick Forcade

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

14. Maiden name Martha Hughes

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

16. (a) Informant Mrs. Mary Forcade

(b) Address Minneapolis, Kansas

17. (a) Removal Removal (b) Date thereof 9-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beloit, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 9-27-48 Sheldine Holmen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

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

(d) Street No. _____ (If rural, give location) 2

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th.
year 1948 hour One minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him alive on Autopsy only, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Myo malacia cor dis Super-
imposed on old Coronary
Due to occlusion with atherogram
of L ventricle
Due to Heart failure

Duration Recent

UNAN.

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

Major findings: See above 932

Of operations _____

Of autopsy See 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) 1 1/2 yrs ago auto-

(b) Date of occurrence accident & crushed heart

(c) Where did injury occur? 4th floor
(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)

Means of injury _____

23. Signature F. C. Helwig **F. C. Helwig**
(M. D. certifying)

Address 32 West 24th St Date signed 27 Sept

MAR 21 1949

APR 3 1949

OCT 21 1948

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.