FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

33263

State File No.

Registration District No. 156. Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 hours (Specify whether
In this community: 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Webb City
(If outside city or town limits, write "RURAL")
(d) Street No.: 317 South Hall Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Gerald Forrest
3. (b) If veteran, name war: W.W. II
3. (c) Social Security No.: 500-05-5370
4. Sex: Male
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dorothy Forrest
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 25 (Day) 1916 (Year)

8. AGE: Years 32 Months 7 Days 17 If less than one day hr. min.

9. Birthplace: Tulsa (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation: Cook
11. Industry or business:
FATHER 12. Name: Elza Forrest
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Nettie Richardson
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Father Elza Forrest
(b) Address: Webb City, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City, Mo.
19. (a) 10-29-48 (Date received local registrar) (b) Eli James (Signature) Clerk
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1948 hour 7:45 minute P.M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw the deceased alive on 19; and that death occurred on the date and hour stated above.
Did Not Attend

Duration

Immediate cause of death: Internal
Due to: Hemorrhage
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy:

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 10/22/48
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, farm, industrial place, in public place? Public — N. Main St (Specify type of place)
While at work? (e) Means of injury: Lacerations
23. Signature: [illegible] Date signed 10/28/48

Jefferson City Printing Co.

138-1

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

48-11-896

NOV 12 1948

VS APR 21 1960

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 C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb 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.