S. No. 2
M—1/47
y. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40125

FILED DEC 29 1948

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 5108

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

1. PLACE OF DEATH:
(a) County ~~Clay~~ JACKSON
(b) City or town ~~LIBERTY~~ K.C. MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RESEARCH HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-4-48-12-11-48 (Specify whether
In this community ALL OF LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CLAY 24
(c) City or town LIBERTY 2
(If outside city or town limits, write "RURAL")
(d) Street No. 454 E. FRANKLIN
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME CATHERINE FORMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex FEMALE
5. Color or race WH
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased NOV (Month) 11 (Day) 1875 (Year)

8. AGE: Years 73 Months 1 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Clay Co. (City, town, or county) Mo. (State or foreign country) U
10. Usual occupation House Keeper
11. Industry or business ✓
FATHER
12. Name WM. S. FORMAN
13. Birthplace ✓ (City, town, or county) KY (State or foreign country) 1
MOTHER
14. Maiden name AGNES B. YANCY
15. Birthplace ✓ (City, town, or county) KY (State or foreign country) 1
16. (a) Informant MARGARET FORMAN
(b) Address LIBERTY MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation LIBERTY MO
18. (a) Signature of funeral director Church-Archer Co.
(b) Address Liberty Mo
19. (a) 12-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 11
year 1948 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 4, 1948, to Dec 11, 1948; that I last saw her alive on Dec 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to Fracture of femur	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 18	
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 Dec. 4 1948 7 9
(c) Where did injury occur? Liberty (City or town), Clay (County), Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? J. W. Willoughby (e) Means of injury fall

23. Signature J. W. Willoughby (M.D. or other)
Address Liberty Mo Date signed 12-11-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 19 1958

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 John Lombardy

Licensed Embalmer No. 4448

P. O. Address Liberty 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.