48-21838

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 24 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

907

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 44

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 St. John's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Rural - Aurora Rt (If outside city or town limits, write "RURAL")
(d) Street No. Rt. 2, Aurora, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ELLEN FORRESTER
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 29 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	10	19	hr. min.

9. Birthplace Aurora, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business
MOTHER FATHER
12. Name William Forrester
13. Birthplace Stone County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Aileen Andrews
15. Birthplace Lawrence Co., Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Aileen Andrews
(b) Address Rt. 2 Aurora, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/49 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park, Aurora, Mo.
18. (a) Signature of funeral director Thomas King
(b) Address Aurora, Mo.
19. (a) 1-18-49 (Date received local registrar) (b) W. L. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17 year 49 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1-16 49, 19..., to 1-17 19 49
that I last saw her alive on 1-17-49, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 d
Due to Sepsis	3 d
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 491	
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)
(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
23. Signature Lester Burcsch (M. D. or other)
Address Springfield, Mo. Date signed 1-17-49

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

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

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 Finis King

Licensed Embalmer No. 3529

P. O. Address Aurora, 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.