

FILED JUN 11 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 114784

Registration District No. 14

Primary Registration District No. 4029

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town MINDEN MINES
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 4.5 YEARS
 years, months or days)

3. (a) PRINT FULL NAME MARTHA JANE FORREST3. (b) If veteran, name war NO 3. (c) Social Security No. _____4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased FEBRUARY 21 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 3 0 _____ hr. _____ min.9. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE11. Industry or business HOME12. Name A. J. McELVAIN13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name MARY BEAN BLOSSOM15. Birthplace Illinois
(City, town, or county) (State or foreign country)16. (a) Informant Doug Forest(b) Address Minden Mines, Mo.17. (a) BURIAL (b) Date thereof 5-24-1949
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation MULBERRY, KANSAS18. (a) Signature of funeral director John C. Friskel(b) Address Frontenac Kane, 42819. (a) June 3, 1949 (b) Charlotte McDowell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Barton
 (c) City or town MINDEN MINES
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21
year 1949 hour 8 minute 45 A.M.21. I hereby certify that I attended the deceased from May 11, 1949, to May 21, 1949;
that I last saw her alive on May 21, 1949;
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial Pneumonia

Due to _____

Due to _____

Other conditions 491X
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 023. Signature Geo J. Gish (M. D. or other)Address Frontenac Date signed 5/22/49

RECEIVED

District Health Officer No. 6.

District File Number 649-639

Date Filed 6-9-49

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 C. Friskel

Licensed Embalmer No. 1775

P. O. Address Frontenac

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.