

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15393**

FILED MAY 17 1949

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO: 5347 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission.) a. STATE <u>ILL.</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN <u>Rural N. Benton</u>		c. LENGTH OF STAY (in this place)	
c. d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3</u>		c. CITY OR TOWN <u>Marshall</u> <u>999</u> <u>11</u>	
		d. STREET ADDRESS (If rural, give location) <u>401 Archer Ave.</u> <u>0</u> <u>2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Jane</u> c. (Last) <u>Rose</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-8-49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Sept. 9-1917</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Craft Cheese Co.</u>		11. BIRTHPLACE (State or foreign country) <u>ILL.</u> <u>1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Ben Forsythe</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Laufman</u>		14. NAME OF HUSBAND OR WIFE <u>Harold L. Rose</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Laufman Forsythe Marshall Ill</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>air plane crash causing skull fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>39</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 mi. north of Buffalo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Buffalo Dallas MO</u>
21d. TIME OF INJURY <u>May - 8 - 49 12:15 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Air plane crash</u> <u>3 d</u>

22. 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 at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>James O. Vaughn</u> <u>Circuit Judge of Buffalo Mo.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>5-8-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forsythe Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall ILL.</u>
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DATE REC'D BY LOCAL REG. <u>5-8-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. B. Jane Montgomery Vaughn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>80</u> ADDRESS <u>Buffalo, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

303

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APR 20 1950

MAY 17 1950

RECEIVED

District Health Officer No. 7;

District File Number 4-49-54

Date Filed 5-16-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Blyde Montgomery

Student Embalmer

Licensed Embalmer No. 3592

P. O. Address Buffalo, N.Y.

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.