

No. 38
10.48

FILED AUG 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 29021

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4586 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex	
c. LENGTH OF STAY (In this place) 45 yr.		103 n o	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Wilson	b. (Middle) Eugene	c. (Last) Forsythe	4. DATE OF DEATH (Month), (Day) (Year) Aug. 5, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1876	9. AGE (In years last birthday) 72 10. 10 11. 24 12. 24
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister (retired)	10b. KIND OF BUSINESS OR INDUSTRY Clergy	11. BIRTHPLACE (State or foreign country) Humboldt, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edmond Forsythe	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. W. E. Forsythe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. W. E. Forsythe Dexter, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis 1939		INTERVAL BETWEEN ONSET AND DEATH 19 49 320X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) DUE TO (c)		
11. 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) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Essex, Stoddard, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 20, 1939** to **Aug 5, 1949** that I last saw the deceased alive on **Aug 3, 1949** and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE R. P. [Signature]	(Degree or title)	23b. ADDRESS Essex, Mo.	23c. DATE SIGNED 8-12-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-7-49	24c. NAME OF CEMETERY OR CREMATORY Dexter, Missouri	24d. LOCATION (City, town, or county) (State) Dexter, Missouri
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DATE REC'D BY LOCAL REG. 8-19-49	REGISTRAR'S SIGNATURE Rose [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Ser.	ADDRESS Dexter, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

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RECEIVED AUG 22 194
District Health Office No. 2
District File Number 849-85
Date Filed _____

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 _____

Walter Marsh Watkins Student Embalmer No. *255*
working under my personal supervision.

Student *Walter M. Watkins*
Student Embalmer

Signed *B. B. Brentlinger*

Licensed Embalmer No. *4201*

P. O. Address *Dexter 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.