

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30254

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4206

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|-------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>59 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>5049 Wornall</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>D</u> b. (Middle) <u>BRUCE</u> c. (Last) <u>FORRESTER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1949</u> | |
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|-----------------|---------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|------------------------------------------|-----------------------------------------|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 4, 1881</u> | 9. AGE (In years last birthday) <u>67</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 4 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|------------------------------------------|-----------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Box Mfg.</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------|----------------------------------------|

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|--------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| 13a. FATHER'S NAME <u>Wm. S. Forrester</u> | 13b. MOTHER'S MAIDEN NAME <u>Charlotte Bruce</u> | 14. NAME OF HUSBAND OR WIFE <u>Maude Forrester</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>486 01 6662</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude Forrester - The Walnuts</u> | 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkin's Pileasal</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>about 15 months</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. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ |
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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 _____, 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.

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|-----------------------------------|-------------------------|-----------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) _____ | 23b. ADDRESS <u>St. Luke's Hospital</u> | 23c. DATE SIGNED <u>29/9/49</u> |
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|---------------------------------------------------------|--------------------------|----------------------------------------------------------------|----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/1/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Pantheon</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>9-30-49</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & MCCLURE CO.</u> | ADDRESS <u>KANSAS CITY MO.</u> |
|-----------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|--------------------------------|

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

NOV 4 1931

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.

Student
Student Embalmer

Signed *L. J. Allen*

Licensed Embalmer No. *1415*

P. O. Address *H. O. Dow*

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.