

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30397**
4087

| | | | | | | | | |
|---|--|--|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>50 YEARS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>3906 Central Street</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3906 Central Street</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3906 Central Street</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>RAYMOND</u> c. (Last) <u>FORGEY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 22, 1950</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>March 19, 1881</u> | | |
| 9. AGE (In years last birthday) <u>69</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | | 10. UNDER 1 MRS. Hours _____ Mins. _____ | | 11. BIRTHPLACE (State or foreign country) <u>Hellsville, Kansas</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paint Contractor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Hellsville, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>John J. Forgey</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Akers</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Emma Forgey</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year of date of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>486-26-1754A</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Fred Forgey</u> ADDRESS <u>3631 Dale Avenue</u> | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diffuse Cerebral Sclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Degenerative joint disease</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>1 year</u> <u>5 years</u> <u>3 years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | |
| 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) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from <u>7/11, 1950</u> , to <u>9/22, 1950</u> , that I last saw the deceased alive on <u>9/21, 1950</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>W.R. McFree</u> M.D. (Degree or title) | | | | 23b. ADDRESS <u>1109 Professional Bldg.</u> | | 23c. DATE SIGNED <u>9/22/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>SEPT. 26, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-26-50</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. T. Newcomer</u> ADDRESS <u>1331 Brush Creek, Kansas City, Mo.</u> | | | | |

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John E. Fraking*.....

Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.