

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5907

State File No.

BIRTH NO. **FILED FEB 18 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **482**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 805 East 14 St. 3278	
d. FULL NAME OF HOSPITAL OR INSTITUTION 805 East 14 St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Florentine	c. (Last) Forest	4. DATE OF DEATH (Month) (Day) (Year) Jan 18 1953
-----------------------------------------------	--------------------------	-------------------------------	-------------------------	-----------------------------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5 1895	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months Days	# UNDER 10 HRS. Hours Min.
------------------------------	-----------------------------------------	---------------------------------------------------------------------------------	-----------------------------------------------	--------------------------------------------------	--------------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist (blind)	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Webster City, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
--------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------

13a. FATHER'S NAME unknown Forest	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Marion F. 805 East 14
----------------------------------------------------	------------------------------------------------------	--------------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. 49-22-2830	17. INFORMANT'S SIGNATURE OR NAME Marion Forest	ADDRESS Kansas City, Missouri
-----------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------	------------------------------------------------------------------	------------------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 490x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	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 Arteriosclerotic Heart Disease			

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

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) (Min.)	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 _____, 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 Geo. C. Kealhofer (M.D. degree or title)	23b. ADDRESS 4050 Broadway, S.W.	23c. DATE SIGNED 1-18-53
-----------------------------------------------------------------------	---------------------------------------------------	-------------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-16-53	24c. NAME OF CEMETERY OR CREMATORY Leeds	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
-------------------------------------------------------------------	------------------------------------	-----------------------------------------------------------	--------------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 1-26-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Schlegel	ADDRESS 4050 Broadway, Kansas City, Mo.
---------------------------------------------------	--------------------------------------------------------	-------------------------------------------------------------------	----------------------------------------------------------

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Virgil Hermsick

Licensed Embalmer No. 3599

P. O. Address J. C. 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.