

10.300  
10.48

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1313**  
**141**

**JAN 27 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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. LENGTH OF STAY (in this place) **70 yrs.**

c. CITY OR TOWN **Kansas City,** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **919 Brooklyn**

e. STREET ADDRESS (If rural, give location) **919 Brooklyn 3176**

3. NAME OF DECEASED (Type or Print) a. (First) **Mary** b. (Middle) **Eugenia** c. (Last) **Forster**

4. DATE OF DEATH (Month) (Day) (Year) **Jan. 8 1954**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow 2**

8. DATE OF BIRTH **Aug. 13 1866**

9. AGE (in years last birthday) **87** IF UNDER 1 YEAR Months \_\_\_\_\_ IF UNDER 12 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Funeral Home**

10b. KIND OF BUSINESS OR INDUSTRY **Owner**

11. BIRTHPLACE (City and State or Foreign Country) **Chester Illinois**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Henry Kipp**

13b. MOTHER'S MAIDEN NAME **Mary Elizabeth Sholtz**

14. NAME OF HUSBAND OR WIFE **Caleb Lou Forster**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Leon T. Wahl, 918 Brooklyn Kas. City, Mo.**

18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c)  
**\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.**

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **auricular fibrillation**  
PRECEDENT CAUSES **Acute uremia**  
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 **Cerebral thrombosis**  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1928-3 days**  
**4331**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **Fracture left femur Dec 5**

20. AUTOPSY? Yes  NO

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 7** to **Jan 8**, 1954, that I last saw the deceased alive on **Jan 7**, 1954 and that death occurred at **9:05 PM**, from the causes and on the date stated above.

23a. SIGNATURE **W. G. Williams** (Type or Print) (M.D.)

23b. ADDRESS **1103 Grand Ave**

23c. DATE SIGNED **1/8/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Jan. 11 1954**

24c. NAME OF CEMETERY OR CREMATORY **Elmwood Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **1-11-54**

REGISTRAR'S SIGNATURE **Seraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Mrs C.L. Forster Funeral Home K.C. Mo.**

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

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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.....  
Signature of Student Embalmer

Signed.....

*Joe B. Yoder*

Licensed Embalmer No. 4111

P. O. Address..... K.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.