

JUL 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21722
Do not use this space.

1. PLACE OF DEATH
 (a) County Camden 2 Registration District No. 117
 (b) Township Sumner Beach 1 Primary Registration District No. 5167 Registered No. 15
 (c) City Sumner Beach (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 62.5 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Horace Condit Forsman
 (a) Residence, No. Camden Co. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OF RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Forsman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1852
 7. AGE YEARS 86 MONTHS 11 DAYS 28 If LESS than 1 day, _____hra. or _____min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. retired
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.
 FATHER 13. NAME George Forsman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.
 MOTHER 15. MAIDEN NAME Elizabeth Locke
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT (ADDRESS) Zack Wheat
Sumner Beach MO R.F.D.
 18. BURIAL, CREMATION, OR REMOVAL Fun.
 PLACE Sumner City DATE July 4 1939
 19. FUNERAL DIRECTOR (NAME) Ray Fultons
 (ADDRESS) Sumner City Mo.
 20. FILED July 10 1939 Lippe Miller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1939
 22. I HEREBY CERTIFY That I attended deceased from VIEWED, 19____, to _____, 19____.
 I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1 A m.
 The principal cause of death and related causes of importance were as follows:
Heart
Aneurysm
 Date of onset _____
 Other contributory causes of importance:
Debility - senility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) B. E. Woolery, Coroner
 (Address) Camden Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X15605

RECEIVED
District Health Officer No. 7,
District File Number 7-29-1018
Date Filed 7-12-39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Abbie Bankson Wooler
Licensed Embalmer No. 2488
P. O. Address Candenton

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, above space should be left blank.