

Registration District No. 399Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson 1
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
K. C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community Unknown
 years, months or days)

3. (a) PRINT FULL NAME Alva L. Forgeus 6223. (b) If veteran, name was No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Corrie Forgeus 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Nov 9 1859
 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 26 If less than one day
hr. min.9. Birthplace Wisconsin (City, town, or county) (State or foreign country)10. Usual occupation None 11. Industry or business None12. Name Unknown13. Birthplace Unknown (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. A. J. Forgeus
(b) Address 1030 Washington17. (a) Burial (b) Date thereof Jan. 6, 39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director Wailert Funeral Home
(b) Address 2332 Monitor Place, K. C. Mo19. (a) Jan. 6, 1940 (b) M. M. Brown
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1031 Washington
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1940 hour 4 minute 05 A. M.21. I hereby certify that I attended the deceased from 1-4-
1930 to 1-5-40, 19____;
that I last saw him alive on 1-5-40, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Acute pulmonary edema
Duration _____Due to Mitral stenosis and chronic vascular nephritisDue to 131Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. J. DeMara M.D. (M. D. or other) 1-5-40
Address Supt. K. C. Gen. Hospital Date signed _____

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.....

Blaine E. Weibout

Licensed Embalmer No.....

4075

P. O. Address.....

2332 Monitor Ave

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.