

FILED FEB 12 1940

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

3957
Do not use this space.

1. PLACE OF DEATH
 (a) County Schuyler co., 2 Registration District No. 805
 (b) Township 0 Primary Registration District No. 4484 Registered No. 76
 (c) City Lancaster mo. (d) Street No. 20 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willis Orville Forsythe
 (a) Residence, No. Lancaster 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 OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eulah Forsythe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1872
 7. AGE YEARS 67 MONTHS II DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Editor
 10. Date deceased last worked at this occupation (month and year) Jan. 8, 1940
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albia, Iowa

FATHER
 13. NAME William Forsythe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Elizabeth Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. James Forsythe Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE, Arni Memorial DATE Jan. 10, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morehead Lancaster, Mo.

20. FILED Jan. 10, 1940 Burdette Drake Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1940
 I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1940 to Jan. 8, 1940
 I last saw him alive on Jan. 8, 1940 Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
94 B
 Other contributory causes of importance:
Sclerosis of Coronary Arteries

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify
 (Signature) [Signature] M. D.
 (Address) [Address]

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

I X14028

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.

Health Officer No. 10
District File Number 2-40-352
Date Filed FEB 9 1940

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,

True & Minnie Morehead, or by

Registered Apprentice No., working under my personal supervision.

Signed Morehead's

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster, 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, above space should be left blank.