

Registration District No. **470**

Primary Registration District No. **5633**

Registrar's No. **66**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Mt. Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri State Sanatorium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **17 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**
(c) City or town **East Prairie**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 1**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11th**
year **1940** hour **8:30** minute **A** M.

21. I hereby certify that I attended the deceased from **May 26th**, 19**40**, to **June 11th**, 19**40**,
that I last saw him alive on **June 11th**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary tuberculosis** + yrs

Due to _____
Due to **73**

Other conditions: **Tuberculous laryngitis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? **1491**

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

23. Signature **Maurice L Jones** (M. D. or other) **1**
Address **Mt. Vernon, Mo** Date signed **6-11-40**

3. (a) PRINT FULL NAME **Joe Forrester** **623**
3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **None known**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **December 15th 1893**
(Month) (Day) (Year)

8. AGE: Years **47** Months **5m** Days **27** If less than one day
hr. _____ min.

9. Birthplace **Harris Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Joe Forrester, Sr.**

13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Mollie Griffin**

15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Missouri State Sanatorium**

17. (a) **Burial** (b) Date thereof **JUNE 13 1940**
(Place, location or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Prairie, Mo.**

18. (a) Signature of funeral director **Fossett Funeral Home**

(b) Address **Mt. Vernon, Mo**

19. (a) **6-11-** (b) **H. P. A. HOLMES**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed.....

RECEIVED

District Health Officer No. 6,

District File Number 740-2328

Date Filed ~~JUL 8 1940~~

JUL 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Mrs H. D. Fossett

Licensed Embalmer No. 2720

P. O. Address MT. VERNON, 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.