

AUG 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25223

State File No. _____

617

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None (found dead in pasture of Cor
of Mrs. Johnson, Lafayette St.)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. None, had no permanent address
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1940 Hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from: _____, 19____, to _____, 19____;
that I last saw him dead alive on July 24, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism

Due to drinking drinking alcohol

Other conditions Chronic Alcoholism
(Include pregnancy within 3 months of death)

Major findings: 179
Of operations _____
Of autopsy 17
17

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) Accident
(b) Date of occurrence July 24, 1940
Where did injury occur? Brookline Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at Home

While at work? no (Specify type of place)
(e) Means of injury Drinking to much
Signature A. H. White (M. D. or other)
Address Courier News County Date signed 7/24/40

3. (a) PRINT FULL NAME James Arthur Forrester

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Decased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 2, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Strafford Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business _____

12. Name Soloman Forrester

18. Birthplace Kingston, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah A. Dunn

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

16. (c) Informant W.O. Forrester

(b) Address Rt. 1, Springfield, Mo.

17. (a) Brookline, Mo. (b) Date thereof July 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookline, Mo.

18. (c) Signature of funeral director Dunn Funeral Home

(b) Address 629 W. Walnut, Springfield, Mo.

19. (a) July 26, 1940 (b) W.E. Haudley, M.D.
(Date received local registrar) (Registrar's signature)

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

Burial

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

Lloyd W. G. H.

Licensed Embalmer No.

2910

P. O. Address

679 W. Walnut

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.

X