

FILED AUG 23 1940

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

26174
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 779
(b) Township Randolph Primary Registration District No. 6024a Registered No. 2
(c) City Desloge (d) Street No. _____
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Reuben H. Forshel
(a) Residence, No. Desloge Missouri 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 Laura Sloan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-7-1867
7. AGE YEARS 72 MONTHS 10 DAYS 0 IF LESS THAN 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Edmessa
9. Industry or business in which work was done, as saw mill, bank, etc. St. Joe Lead Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ironton (STATE OR COUNTRY) Missouri

13. NAME Valentine Forshel FATHER

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

15. MAIDEN NAME Lydia Rice MOTHER

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

17. INFORMANT Laura Forshel (ADDRESS) Desloge Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi DATE Aug-9-1940

19. FUNERAL DIRECTOR (NAME) C. G. Bagley (ADDRESS) Desloge Missouri

20. FILED Aug 9, 1940 W. H. Buckworth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-7-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1940 to Aug 1940
I last saw him alive on 8-6-40 1940. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

myocardial degeneration
hypertension
171

Date of onset unk.

Other contributory causes of importance: arteriosclerosis general
the interst. nephritis
the brain.

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) N. O. Clarke M. D.
Desloge, Mo. (Address)

11
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.
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STATEMENT BY LICENSED EMBALMER
STATE OF TEXAS
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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.....

C. Z. Boyer

Licensed Embalmer No.

1671

P. O. Address.....

Weslage 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.