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3159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29112

FILED SEP 23 1940

Registration District No. 562 Primary Registration District No. 5757 Registrar's No.

1. PLACE OF DEATH:
(a) County Miller Rural
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hancock, Mo - R#1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Home = Life
years, months or days) 612

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Hancock, Mo. R#1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN THOMAS FORBIS

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Elizabeth Forbis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 16 (Day) 1849 (Year)

8. AGE: Years 91 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Hancock R#1 (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Jesse Forbis
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amy Putnam
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant William Forbis
(b) Address Hancock, Mo R#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 14 (Day) 40 (Year)
(c) Place: burial or cremation Freedom Cem. Dixon Mo.
18. (a) Signature of funeral director C L Casey
(b) Address Iberia Mo
19. (a) Sept 9 40 (Date received local registrar) (b) Mrs. W. A. Von Greny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1940 hour 2 minute P M.
21. I hereby certify that I attended the deceased from 5/24/ 1940, to 8/6/40, 1940;
that I last saw him alive on 8/6/40, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature Wm. A. Gould (M. D. or other) DO 3
Address Iberia Mo Date signed 8/8/40

(Licensed Embalmer's Statement on Reverse Side)

Land

RECEIVED
Miller County Health Dep't.
County File Number 40-92
Date Filed 9/13/40

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.