DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29858

Registration District No. 830 | Primary Registration District No. 4503 | Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County: Shelby

(b) City or town: Shelbina (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shelby

(c) City or town: Shelbina (If outside city or town limits write "RURAL")

(d) Street No.: South Center (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Franklin Luther Forman.

3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____

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

6. (b) Name of husband or wife: Annie Forman 6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: May (Month) 1st (Day) 1865 (Year)

8. AGE: Years 75 Months 3 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace: Shelby Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farming.

11. Industry or business: ____

FATHER 12. Name: Stephen Forman

13. Birthplace: ____ (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name: Jamima Greer

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

16. (a) Informant: Mrs Grace Patterson

(b) Address: Shelbina Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 7-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Shelbina Mo.

18. (a) Signature of funeral director: Million & Barkelew

(b) Address: Shelbina Mo.

19. (a) Sept 7-1940 (Date received local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5 year 1940 hour 3 minute 9 A.M.

21. I hereby certify that I attended the deceased from 5-6-40 to 8-5-40, 19__; that I last saw him alive on 8-5-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis — Duration 1 yr.

Due to: 131

Due to: ____

Other conditions (Include pregnancy within 3 months of death): mitral regurgitation — 2 yr.

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: G. M. Wood. (M. D. or other)

Address: Shelbina mo Date signed: 8-8-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-40-1785
Date Filed SEP 18 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 Henry G. Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelburne, Vt.

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

If this body is not embalmed, above space should be left blank.