No. 2
1-10-39
-17-39
X21492

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. 34698

FILED NOV 13 1940

Registration District No. 26-701 Primary Registration District No. 5036 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Rural Salung
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clark RFD #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Rural Salung
(If outside city or town limits write "RURAL")
(d) Street No. R.F.D. #3 Clark
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME SUSAN ANN FORREST
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George W. Forrest
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan - 29 - 1849 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
91	8	4	hr. min.

9. Birthplace Randolph Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Calvin Edwards
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Irene Gentry
15. Birthplace Boone Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Ed. Forrest
(b) Address 416 Taylor Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia Cemetery
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Missouri
19. (a) Oct. 6 - 1940 (Date received local registrar) (b) A. R. Booth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd year 1940 hour 5 minute 25 P. M.
21. I hereby certify that I attended the deceased from Sept 30, 1940, to Oct 3, 1940, that I last saw h. alive on Oct 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Due to Infirmities of age
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R A Woods (M. D. or other)
Address Clark Mo Date signed 10-5-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-40-2035
Date Filed NOV 8 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~~ and J. E. Barnes No. 2414, Registered Apprentice No. ..... working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 417

P. O. Address Moberly Mo.

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, above space should be left blank.