

S. No. 2  
-11-10-30  
5-17-30  
I X2162

JAN 17 1941

State File No. \_\_\_\_\_

Registration District No. 464

Primary Registration District No. 4275-

Registrar's No. 51

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

**1. PLACE OF DEATH:**

(a) County LAFAYETTE

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community ALL HIS LIFE years, months or days

3. (a) PRINT FULL NAME FORREST R PUCKETT

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife YVETTE SMARR

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased NOV 11 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace MAYVIEW MO  
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business \_\_\_\_\_

12. Name THOMAS T. PUCKETT

13. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name BELLE WILSON

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

16. (a) Informant MISS ABBIG PUCKETT

(b) Address MAYVIEW MO

17. (a) BURIAL (b) Date thereof DEC 22 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARRIN CHAPEL

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) 12-20-40 (b) Mrs T. M. Goodwin  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County LAFAYETTE

(c) City or town MAYVIEW MO  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 19  
year 1940 hour 11 minute 5 P.M.

21. I hereby certify that I attended the deceased from Jan 2 - 1935  
\_\_\_\_\_ 19 \_\_\_\_\_ to Dec 19 1940  
\_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him alive on Dec 19 \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Meningitis Duration \_\_\_\_\_

Due to Tubercular (if ?)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations \_\_\_\_\_

Of autopsy none

**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? Yes

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

23. Signature proprietor (M. D. or other) \_\_\_\_\_

Address Mayview MO Date signed 12-21-40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1-7-41

**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 ME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed E. S. James  
Licensed Embalmer No. 205-8  
P. O. Address CONCORDIA 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.**