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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2466

Registration District No. 259 Primary Registration District No. 4173 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7
(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. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Dunklin 55
(c) City or town: Malden 5
(If outside city or town limits, write "RURAL") 1
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Rhoda Forrest
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Fem
5. Color or race: White
6. (a) Single, widowed, married, divorced: 9
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Dec (Month) 23 (Day) 1856 (Year)

8. AGE: Years 82 Months — Days 15 If less than one day hr. min.

9. Birthplace: Tenn. (City, town, or county) — (State or foreign country) 1
10. Usual occupation: At home
11. Industry or business:
MOTHER FATHER
12. Name: unknown
13. Birthplace: " (City, town, or county) 9 (State or foreign country)
14. Maiden name: "
15. Birthplace: " (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Otis Forrest
(b) Address: Malden Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mole Hill Cem
18. (a) Signature of funeral director: Landers Funeral Home
(b) Address: Campbell Mo
19. (a) 1-8-1941 (Date received local registrar) (b) L B Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1941 hour 9 minute 15 a. M.
21. I hereby certify that I attended the deceased from June 1940 to Jan 8 1941 that I last saw her alive on Jan 1st 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Organic Heart Disease — Duration: 3 or 4 yrs
Due to: ✓
Due to: C
Other conditions (Include pregnancy within 3 months of death): Nd
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: Homer Beall (M. D.)
Address: Malden Mo Date signed: 1/8/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 241-160
Date Filed 2/6/46

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 wi the above constitutes grounds for revocation of license.)

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