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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAILED FEB 14 1941
378

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2621
Registrar's No. 68

Registration District No. _____

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
611 E. Cherry /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 611 E. Cherry
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23,
year 1941 hour 11:05 minute _____ P.M.
21. I hereby certify that I attended the deceased from Jan 23
3pm - 11pm, 1941 to Jan 23, 1941;
that I last saw him alive on Jan 23, 1941;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Frank H. Forsyth
3. (b) If veteran, name war SS 494-18-3011 No.
3. (c) Social Security No. none

Immediate cause of death
Lobar Pneumonia
Duration 5 days

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased February 23, 1880
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None
Of autopsy _____

8. AGE: Years 60 Months 11 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Lawrence County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Grain Dealer

11. Industry or business _____

MOTHER FATHER { 12. Name Harris Forsyth
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Duncan
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Verla Forsyth
(b) Address 611 E. Cherry

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? _____

17. (a) Burial (b) Date thereof 1/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
Signature: W. E. Handley (M. D. or other) _____
Date signed 1-24-41

19. (a) 1-25-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

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

State of
Mississippi

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.....

B. B. Seay, Registered Apprentice No. *204*

working under my personal supervision.

Signed *E. O. Hoyle*

Licensed Embalmer No. *1765*

P. O. Address *Spangfield*

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, fact should be so stated above.