

No. 7
4-13-40
1-17-39
X231561

MAR 19 1941
Registration District No. _____

Primary Registration District No. 4553

Registrar's No. _____

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

1. PLACE OF DEATH: Scott
 (a) County Scott
 (b) City or town Jefferson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Week (Specify whether)
 In this community Life years, months or days

3. (a) PRINT FULL NAME Benson B. Forrest

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Forrest 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. March 18 - 1879
 (Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Cassden, Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Martin Forrest

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

14. Maiden name Jane (unknown)

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

16. (a) Informant Mrs. B. B. Forrest

(b) Address Matthew, Mo.

17. (a) Burial (b) Date thereof Feb 13 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scotts Cemetery

18. (a) Signature of funeral director Allen Egan

(b) Address Jefferson, Mo.

19. (a) 2-24-1941 (b) W. H. Pruitt
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 72
 (a) State Mo. (b) County New Madrid
 (c) City or town Matthew, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Renal
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
 year 1941 hour 8:30 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 13
1941 to Feb 11 1941
 that I last saw him alive on Feb 11 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
 Due to hypertension and nephritis
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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? 1172

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

23. Signature W. H. Pruitt (M. D. examiner) 11
 Address Scotts Mo Date signed 2-24-41

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

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OSX

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 with the above constitutes grounds for revocation of license.)

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

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Registration District No. 821

Primary Registration District No. 4553

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Director
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Benson B. Forest

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 23 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-17-41 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration _____

Hypertension and nephritis acute
Due to _____ N.M.D.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ 120

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? _____

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

23. Signature G. W. H. Presnell (M. D. or other) _____

Address Director Date signed _____

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

MOTHER FATHER

SUPPLEMENT

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 with the above constitutes grounds for revocation of license.)

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