. No. 2
-11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11906

APR 10 1941

Registration District No. 779 — Primary Registration District No. 6024a — Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Desloge Ro. 1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (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 St. Francois 94

(c) City or town Desloge, Mo. 0 (If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EDWAD S. FORSHEE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race W

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

6. (b) Name of husband or wife Mrs. Ed. Forshee

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased APRIL (Month) 1 (Day) 1880 (Year)

8. AGE: Years 60 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business St Jos Lead Co

FATHER
12. Name Richard Forshee
13. Birthplace Ten 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BRASHEV BEANNA RICE
15. Birthplace MO 0 (City, town, or county) (State or foreign country)

16. (a) Informant STELLA FORSHEE
(b) Address LEADWOOD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13 (Month) 1941 (Day) (Year)
(c) Place: burial ~~or cremation~~ Leadwood Mo

18. (a) Signature of funeral director J. S. Boyer Son
(b) Address Leadwood Mo.

19. (a) 3-12-41 (Date received local registrar) (b) W. P. Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1941 hour 8 minute A M.

21. I hereby certify that I attended the deceased ~~from~~ By Inquest March 11, 194, ~~to~~ , 19 ; ~~that I last saw h~~ alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Jury Verdict: We the jury find that Edward Forshee came to his death by rocks falling upon him while engaged in his usual occupation at the St Joseph Lead Co

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 09

(b) Date of occurrence March 11. 1941 14

(c) Where did injury occur? Desloge St. Francois Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Works (Specify type of place)

While at work? Yes (e) Means of injury

23. Signature Clarence Claywell Coroner (M. D. or other)

Address Bonne Terre Mo Date signed 3/11/41

(Licensed Embalmer's Statement on Reverse Side)

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. 3445

P. O. Address Leadwood

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.