FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

16178

State File No.

Registration District No. 886 Primary Registration District No. 16178 Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Washington

(b) City or town Rural Fox Co (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 Mo (b) County Washington 110

(c) City or town Irondale (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.? 0 years.

3. (a) PRINT FULL NAME Bessie J. Forrester

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John Forrester

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

7. Birth date of deceased Sept (Month) 30 (Day) 64 1877 (Year)

8. AGE: Years 63 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business House Wife

FATHER
12. Name R P King
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie Chelcutt
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Forrester

(b) Address Irondale Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Belgrade Mo

18. (a) Signature of funeral director Sparks

(b) Address Potosi

19. (a) 5-7-41 (Date received local registrar) (b) J. P. Yeargan (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 21 year 1941 hour 12 30 minute a M.

21. I hereby certify that I attended the deceased from 3-21, 1941 to 3-21, 1941; that I last saw her alive on 3-21, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary TB | 3 yrs |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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 J. P. Yeargan (M. D. or other) D

Address Irondale Date signed 5-7-41

(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 Elena Province

Licensed Embalmer No. 3423

P. O. Address Festus Mo

**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, above space should be left blank.**