

Registration District No. **1578**

Primary Registration District No. **4084**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Cass**
 (b) City or town **Craigton**
(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 **70 years**
years, months or days

8. (a) PRINT FULL NAME **Leonard Wilkerson Forsyth**

8. (b) If veteran, name war _____ 8. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Emma Forsyth** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **July 27 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Stark County, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Produce Merchant**

11. Industry or business

MOTHER FATHER
 12. Name **Robert Wilkerson Forsyth**
 13. Birthplace **Stark Co, Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Rachel Gaddis**
 15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sena Forsyth**
 (b) Address **Craigton Mo**

17. (a) **Burial** (b) Date thereof **6 6 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grant Cemetery**

18. (a) Signature of funeral director **Robert Arnold**

(b) Address **Craigton Mo**

19. (a) **7-8-41** (b) **W. W. Clevering**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**
 (c) City or town **Craigton**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
 year **1941** hour **6** minute **15** A. M.

21. I hereby certify that I attended the deceased from **June 1**, 19**41**, to **June 4**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris**

Due to _____
 Due to _____
 Other conditions **no**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no**
 Of autopsy **no**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **no**
 (b) Date of occurrence **no**
 (c) Where did injury occur? **no**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

Signature **W. W. Clevering** M. D. **no**
 Address **Garfield City, Mo** Date **June 4, 1941**

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

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

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.....

Robert Arnold

Licensed Embalmer No. *3621*

P. O. Address *Craighton, Ma*

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.