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17-39  
X28390

Registration District No. 562

Primary Registration District No. 5757

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Rural Richmond

(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) most of life - 1 year, months or days one week last year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller

(c) City or town Rural

(d) Street No. Iberia, Mo. Rte 2

(If outside city or town limits, write "RURAL" (If rural, give location))

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HERBERT LEROY FORRESTER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1941 hour 4 minute P 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.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Jan. 12 1930

(Month) (Day) (Year)

Immediate cause of death Broken neck & fractured skull - hit by automobile on Highway 17 - 4 miles north of Iberia, Mo was riding bicycle at the time of accident.

Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>6</u>	<u>15</u>	hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

1704  
25

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace Iberia Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Ray Forrester

13. Birthplace Iberia Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Anna Jenkins

15. Birthplace Union Mo.

(City, town, or county) (State or foreign country)

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

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

(b) Date of occurrence 4 p.m. July - 27 - 1941

(c) Where did injury occur? Iberia Miller Co. Mo

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 17

(Specify type of place)

While at work Play (e) Means of injury hit by automobile

23. Signature G. L. Casey = Carover

(Name of other)

Address Iberia, Mo. Date signed 7/28/41

16. (a) Informant Ray Forrester

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 7/29/41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston Cem. Iberia, Mo.

(a) Signature of funeral director G. L. Casey

(b) Address Iberia, Mo.

19. (a) Aug 6-41 (b) Mrs. W. H. Conkright

(Date received local registrar) (Registrar's signature)

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

RECEIVED  
Miller County Health Dept  
County File Number 41-88  
Date Filed 8/14/41

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, \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Loran Adams

Licensed Embalmer No. 4207

P. O. Address Spria Mo.

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.