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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31736

State File No. _____

Registration District No. 412

Primary Registration District No. 412 4244

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Neck City Mo.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Neck City
(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. _____ years.

3. (a) PRINT FULL NAME Bobby Joe Forsythe

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased July 24 1939
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business _____

12. Name Frank Forsythe

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

14. Maiden name Viola Turcotte

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

16. (a) Informant Frank Forsythe

(b) Address Neck City, Mo.

17. (a) Burial (b) Date thereof Sept 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director W. P. Taylor

(b) Address Neck City, Mo.

19. (a) Sept 11-41 (b) Charles E. Seafe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1941 hour 5:25 minute _____ P. M.

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

Immediate cause of death Sulphuric Acid Poisoning

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy none

Duration 1 1/2 hrs
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) Accident

(b) Date of occurrence Sept 10 1941

(c) Where did injury occur? Barrel factory Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Cream Station
(Specify type of place) (e) Means of injury _____

23. Signature P. A. Webster (M. D. or other)
Address Carthage Mo. Date signed Sept 11 1941

510 (Licensed Embalmer's Statement on Reverse Side)

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

19
0

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 Myse

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clayton M. Johnston

Licensed Embalmer No.

3,922

P. O. Address

Webb City, 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.