

S. No. 2
M-9-4-41
V. 5-17-39
I X29-384

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED AUG 17 1942

Registration District No.

3034

25094
128

88
6
3

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

1. PLACE OF DEATH:

(a) County Candlish
(b) City or town Merfeld
(If outside city or town limits, write "RURAL" and name of township)
(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 2 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Crestolia
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME PASCHAL D. FORREST

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex SM O 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henrietta Forrest 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased Aug 17 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 4
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER { 12. Name John M. Forrest
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name May C. Jones
15. Birthplace Howard Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. Carr
(b) Address 329 1/2 E High Jefferson City Mo
17. (a) Burial (b) Date thereof 6/26/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crestolia Mo
18. (a) Signature of funeral director Wm. H. Hensley
(b) Address Crestolia Mo
19. (a) 6/26-1942 (b) Irma Havel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 1942
year hour minute

21. I hereby certify that I attended the deceased from June 19 1942
to June 20 1942
that I last saw him alive on June 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 92 lb

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) no
(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?
While at work? (Specify type of place) (e) Means of injury
23. Signature W. H. Hensley (M. D. or other)
Address Merfeld Mo Date signed June 22 1942

1036 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 8-42-~~XXXX~~-1612

Date Filed AUG 14 1942

AUG 14 1942

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 *[Signature]*
Licensed Embalmer No. 2588
P. O. Address *[Address]*

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.