No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6594

FILED FEB 27 1943

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 100

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 2917 Main St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Glenn Forrest

3. (b) If veteran, name war

3. (c) Social Security No. 491-01-7771

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 16 (Day) 1903 (Year)

8. AGE: Years 39 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Waldren (City, town, or county) Ark (State or foreign country) 1

10. Usual occupation Manager

11. Industry or business Rex Movie Theatre

FATHER
12. Name Wm Henry Forrest
13. Birthplace Tenn (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Gertrude Shilkett
15. Birthplace Ind (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Dorothy Forrest
(b) Address 2917 Main St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn Memorial

18. (a) Signature of funeral director Hartwell Willow
(b) Address 4th & Wall Sts

19. (a) 2-20-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th
year 1943 hour 11 minute 50 a M.

21. I hereby certify that I attended the deceased from 1-23 1941, to Feb 18 1943,
that I last saw him alive on Feb 18 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis

Due to Pulmonary and intestinal Tuberculosis

Due to

Other conditions
(Include pregnancy within 3 months of death) 13 b 1

Major findings:
Of operations

Of autopsy no

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD
Address 3/21 Frisco Bldg Joplin Mo Date signed 2-20-43

5.

158
/43

12 E 4 (Licensed Embalmer's Statement on Reverse Side)

43-2-715

MAR 1 1943

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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin 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.