S. No. 2
M—S-42
. 5-17-39
P I X32

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. 13164

FILED MAY 5 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1735

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The George H. Nettleton Home, 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 1942 (Specify whether years, months or days) In this community since 1942

2. USUAL RESIDENCE OF DEACESED: 46

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, 8 (If outside city or town limits, write "RURAL")

(d) Street No. The George H. Nettleton Home, (If rural, give location)

(e) Citizen of foreign country? x (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Augusta Anna Forbes

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife E. L. Forbes,

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

7. Birth date of deceased November (Month) 30 (Day) 1869 (Year)

8. AGE: Years 73 Months 4 Days ~~12~~ 11 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER

12. Name William C. Hill,

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

14. Maiden name Elivia Cooper,

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

16. (a) Informant The George H. Nettleton Home,

(b) Address 5125 Swope Parkway, Kansas City, Mo.

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 4-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery, K.C. K.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 4-12-43 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th year 1943 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from March 29, 1943, to April 11, 1943, that I last saw her alive on April 11, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	14 days
Due to: 108	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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)

(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 John G. Lapp (M. D. or other) M. D.

Address 1314 Professional Bldg Date signed 4/12-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Lapp 11 A.M.

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 .....

Licensed Embalmer No. 14 15

P. O. 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.