

No. 2
5-42
5-7-39
FILED

31079

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

OCT 7 1943

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Mexico
(c) Name of hospital or institution: Andrew County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 3 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City
(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 William Forest
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th
year 1943 hour 8 Eighth minute 10 P. M.
21. I hereby certify that I attended the deceased from 9-12-43
_____ 19____ to 9-16 1943
that I last saw him alive on 9-16 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Artee Forest 6. (c) Age of husband or wife if alive 60 yrs
7. Birth date of deceased Sept 1 1876
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis and Acute Urinary Retention
Due to Carcinoma of Prostate
Due to Senility
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration
4 yrs
3 days
4 yrs
4 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 67 Months no Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Challoway Co mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____
12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Artee Forest
(b) Address Montgomery City Mo
17. (a) Sept 21 1943 (b) Date thereof Sept 21 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City
18. (a) Signature of funeral director [Signature]
(b) Address Montgomery City Mo
19. (a) Aug 16 - 1943 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature E. T. Anderson (M. D. or other) M.D.
Address Montgomery City Mo signed 9/16/43

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

MOTHER FATHER

1074

OCT 18 1943

RECEIVED

District Health Officer No. 10

District File Number 10-43-1626

Date Filed OCT 6 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 Joseph A. Marler

Licensed Embalmer No. 3458

P. O. Address Montgomery at

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.