. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31991

Registration District No. 1945 Primary Registration District No. 5645 Registrar's No. 115

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural Aurora Twnship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 655
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 Aurora Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John P Forester

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Liza Forester
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 10 (Day) 1870 (Year)

8. AGE: Years 73 Months 7 Days 12 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Richard Forester
13. Birthplace ? (City, town, or county) Tenn, 1 (State or foreign country)

MOTHER
14. Maiden name Ann Morris
15. Birthplace ? (City, town, or county) Tenn, 1 (State or foreign country)

16. (a) Informant Richard Forester
(b) Address R.F.D. # 2 Aurora Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bradfield Cemetery
18. (a) Signature of funeral director J.F. King
(b) Address Aurora Mo
19. (a) 8-23-43 (Date received local registrar) (b) Eunice Greene by (Registrar's signature) A.M.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22 year 1943 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1943 to Aug 22, 1943 that I last saw him alive on Aug 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:
Of operations
Of autopsy

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)
(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 W.C. Herron (M. D. or other)
Address Aurora, Mo Date signed Aug 29 /43

1156 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 943-1092
Date Filed 9-14-43

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 Herman M Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.