

FILED JAN 5 1949

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 5438

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days
(Specify whether _____)
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1456 E. 66 Terr.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hillard Forbes
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month December day 20
year 1943 hour 4 minute 15 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Lee Forbes
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 7 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 17 1943 to December 20 1943; that I last saw him alive on December 20 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 4 13 hr. min.
9. Birthplace Centralia Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Uremia-Pneumonia-Arthritis
Duration _____
Due Uremia - Cause undetermined
Due to _____

10. Usual occupation Retiree
11. Industry or business James Store
12. Name James Harvey Forbes
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Betty
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: Of operations 130:2
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Sheldon Forbes
(b) Address Dallas Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43
(Monthly) (Day) (Year)
(c) Place: burial or cremation Hallsdale Mo
18. (a) Signature of funeral director W. C. Brown
(b) Address 20 Th Lenwood
19. (a) 12-21-43 (b) P. C. Brown
(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 Amey R. Thom (M. D. or other):
Address Med. Dir. Gen'l Hosp. Date 12-21-43

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

MOTHER FATHER

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 Charles M. Zwick

Licensed Embalmer No. 3774

P. O. Address Kansas City, 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.