

S. No. 2
M-5-43
5-17-39
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2025

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 8 1945

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Smithville, Mo.
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Smithville, Mo. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Delma Thomas Forter

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1945 hour 9 minute 15P M.

21. I hereby certify that I attended the deceased from 11/19 1944 to 1/18 1945
that I last saw her alive on 1/18 1945
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife David Elmer Forter 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 30 1881
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Cardiac + Respiratory failure

Due to cardio-vascular renal disease

Due to _____

8. AGE: Years Months Days If less than one day

63 29 hr. _____ min.

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.

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

10. Usual occupation housewife

11. Industry or business housewife

12. Name James Thomas

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

14. Maiden name Elizabeth Owens

15. Birthplace Clinton County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant David Elmer Forter

(b) Address Smithville, Mo.

17. (a) burial (b) Date thereof 1-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ICOF Cem. Smithville

18. (a) Signature of funeral director Rollins Y. Mitchell

(b) Address Elletts City, Mo.

19. (a) Jan 25-1945 (b) Rich N. Henry
(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? _____

23. Signature Dr. R. E. Scott (M.D. or other) _____
Address Smithville, Mo. Date signed 1/19/45

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

400

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

Death Certificate Number.....

Date Filed : 2-7-43

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.....

Frances M. Giffie....., Registered Apprentice No. 361
working under my personal supervision.

Signed Vivian R. Nash.....

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.