. S. No. 2
M—8-43
v. 5-17-39
I X37823

Dr Haw

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14465

Registration District No. 312 — Primary Registration District No. 3059 — Registrar's No. 369

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

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 506 N. Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 94
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. 1 2
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME CLARENCE CECIL FORSHEE
3. (b) If veteran, name war ✓
3. (c) Social Security No. UNKNOWN
4. Sex Mo
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife KATE FORSHEE
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Aug (Month) 13 (Day) 1883 (Year)

8. AGE: Years 61 Months 5 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Cedar Falls (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business .....
FATHER
12. Name Richard Forshee
13. Birthplace Washington Co (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Nancy Eaton
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Marvin Forshee
(b) Address 506 N Pine Bonne Terre
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Falls
18. (a) Signature of funeral director Benham Und Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) Apr 2-1945 (Date received local registrar) (b) Forrest Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1945 hour 4 minute 55 P. M.
21. I hereby certify that I attended the deceased from Feb. 13, 1945, to March 22, 1945; that I last saw him alive on March 22, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular heart disease	Several years.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ..... Of autopsy 92d	

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 0
23. Signature Marvin T. Haw, Jr. (M. D. ~~[illegible]~~) M.D.
Address Bonne Terre, Mo. Date signed 3/28/45

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 445-500

Date Filed 4-17-45

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Boone Iowa 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.