

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

19494

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

JUL 11 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2729

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
907 Harrison  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 20 yrs. \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Daisy Vera Forsythe

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alfred V. Forsythe

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 21 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>7</u>	hr. _____ min.

9. Birthplace No Record Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Emmanuel Walburnthe

13. Birthplace No Record No Record /  
(City, town, or county) (State or foreign country)

14. Maiden name Corita A. Parks /  
(City, town, or county) (State or foreign country)

15. Birthplace No Record No Record /  
(City, town, or county) (State or foreign country)

16. (a) Informant 907 Harrison K.C.Mo.

(b) Address

17. (a) Removal (b) Date thereof 6-30-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Iowa.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918-920 Brooklyn, K.C. Mo.

19. (a) 6-29-45 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") X

(d) Street No. 907 Harrison  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28  
year 1945 hour 12<sup>05</sup> minute a M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to arterio sclerosis

Due to \_\_\_\_\_

Other conditions 94a  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no  
Autopsy & Impression

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 Emmanuel Walburnthe Forster  
(M. D. or other)

Address 1424 N. 5th St. P.M. Date signed 6-28-45

**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. H. Wise*

Licensed Embalmer No.

2570

P. O. Address

100 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.**