S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

4596

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5607

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 720

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: 4014 VIRGINIA AVENUE
(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 since nov. 1942
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 2

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 4014 VIRGINIA AVENUE
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ~~EDWARD W.~~ EDGAR NELSON FORRESTER

3. (b) If veteran, name war No

3. (c) Social Security No. 208-16-5166

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ~~GERTRUDE~~ LAURA G. FORRESTER

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased JANUARY (Month) 3 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	6	hr. min.

9. Birthplace Norborne, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation ASSISTANT ROADMASTER

11. Industry or business A-T & SANTA FE - RETIRED

FATHER
12. Name NELSON S. FORRESTER
13. Birthplace MEMPHIS (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name SARAH SKINNER
15. Birthplace JACKSONVILLE (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant MISS FAY FORRESTER
(b) Address 4014 VIRGINIA AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 13 1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ NORBORNE, MISSOURI

18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 140 Brush Creek Blvd

19. (a) 2-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 9TH year 1946 hour 8 minute 15 P. M.

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

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 W	
Of autopsy no History & Inspection	

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 Jannie Walker (M. D. ~~or other~~)

Address 4424 [illegible] Date signed 2-10-46

(Licensed Embalmer's Statement on Reverse Side)

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 E Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.