

S. No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH**

15525

State File No. ....

Registration District No. 372

Primary Registration District No. 4543

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: 1  
(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 Mo (b) County Webster <sup>112</sup>

(c) City or town Seymour <sup>0</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. \_\_\_\_\_ (If rural, give location) <sup>0</sup>

(e) Citizen of foreign country? No (Yes or No) <sup>0</sup>

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Earl Forbes

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M.O 5. Color or race W.

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

6. (b) Name of husband or wife Garnet Forbes

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Nov 15 1908  
(Month) (Day) (Year)

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

38 2 26 hr. \_\_\_\_\_ min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Forbes

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

14. Maiden name Etta May Lee

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Garnet Forbes

(b) Address Seymour Mo

17. (a) Burial (b) Date thereof Feb - 14 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Gene

18. (a) Signature of funeral director Kelley - Ferrall

(b) Address Seymour Mo

19. (a) Mar 20 (b) Dilbert Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12  
year 1946 hour 5 minute 45 a.m.

21. I hereby certify that I attended the deceased from Feb 7 1946 to Feb 12 1946  
that I last saw him alive on Feb - 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrostatic pneumonia Duration 5 days

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy III

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 J. R. Rice (M. D. or other) Do.

Address Seymour Mo Date signed 2/13/46

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

RECEIVED

District Health Officer No. 6;

District File Number 446-437

Date Filed APR 12 1946

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour, Conn

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.