

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20258

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2589

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: MEMORAH HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 HOURS  
(Specify whether years, months or days)

In this community 14 HOURS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 6316 College  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Jo. ann. FORBES

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 SINGLE

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

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

7. Birth date of deceased JUNE 10 1946  
(Month) (Day) (Year)

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

14 hr. 00 min.

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business.....

12. Name ROBERT W. FORBES

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

14. Maiden name Crystal M. Matherland

15. Birthplace W. Wichita, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert W. Forbes

(b) Address 6316 College

17. (a) Burial (b) Date thereof June 12, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation not int. - Missouri

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401-BUSH CREEK BLVD.

19. (a) 6-12-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11<sup>TH</sup>  
year 1946 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from 6/10 1946 to 6/11 1946  
that I last saw her alive on 6/11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Atelectasis  
Prematurely

Due to.....

Due to.....

Other conditions (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 159

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) (Means of injury) C

23. Signature D. H. Newdel (M. D. or other).....  
Address 1103 Date signed.....

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

1946

*Professional Bldg.*

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**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 *Melvin Miller*  
Licensed Embalmer No. *7407*  
P. O. Address *Kansas City, 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.**