. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1946

State File No. 23595

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2943

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day (Specify whether
In this community one day
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Arkansas (b) County

(c) City or town Siloam Springs 2
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country —

3. (a) PRINT FULL NAME Forrest, Anna Stolle

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex F. 1

5. Color or race W

6. (a) Single, widowed, married, divorced 18 years

6. (b) Name of husband ~~or wife~~ Raymond Franklin Forrest

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

7. Birth date of deceased October (Month) 20 (Day) 1870 (Year)

8. AGE: Years 75 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Mt Joy Lancaster Co Pa 1
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business —

FATHER
12. Name Albin Stolle 1
13. Birthplace Wansdorpf Austria 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Buhl
15. Birthplace Mt Joy Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Leland S Forrest
(b) Address 1107 26th St. Des Moines Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Siloam Springs Ark.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo

19. (a) 7-4-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1946 hour 3:32 minute P.M.

21. I hereby certify that I attended the deceased from July 3, 1946 to July 4, 1946 that I last saw her alive on July 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Auricular fibrillation	unknown
Generalized Arteroselerosis	unknown
Due to	
Other conditions Inter Trochanter fracture right femur (Include pregnancy within 3 months of death)	4 days

Major findings:
Of operations 186 a-5
Of autopsy 18

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) accident 1 56
(b) Date of occurrence 7-1-46
(c) Where did injury occur? Siloam Springs Ark. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury fall

23. Signature Richard H Kiene M.D. (M. D. or other)
Address 1400 Professional Bldg. Date signed July 4 1946

(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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address N. C. 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.