

No. 2
-12-45
5-17-39
X47070

FILED APR 1 1947

Registration District No. **149**

Primary Registration District No. **1002**

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

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: 808 Euclid 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community about 20 years (Specify, whether years, months or days)

3. (a) PRINT FULL NAME Charles Forest
3. (b) If veteran, name war World War II **3. (c) Social Security** No. 491-20-2858

4. Sex Male **5. Color or** negro **6. (a) Single, widowed, married,** Married
6. (b) Name of husband or wife Margaret Forest **6. (c) Age of husband or wife if** 26
7. Birth date of deceased. June 17 - 1922
 (Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days 26 26 hr. min.

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

10. Usual occupation Truck Driver

11. Industry of business Brackett Cement Co.

12. Name Johnnie Forest

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

14. Maiden name Minnie Lacey

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

16. (a) Informant Margaret Forest

(b) Address 2124 E. 10th St.

17. (a) Removal **(b) Date thereof:** 3/18/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kan.

(c) Signature of funeral director Estelene Miller

(b) Address 1212 Vine St. Kansas City, Mo.

19. (c) 3-18-47 **(b) Estelene Miller**
 (Date received local registrar) (Registrar's signature)

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. 1026 Woodland
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 13
 year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 19 to 19
 that I last saw Deputy Coroner Carroll
 and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage
 Duration _____

Due to: Multiple stab wounds
7 chest, neck & back
 Due to _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: 1107
 Of operations _____
 Of autopsy: no - Penit
 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) Homicide

(b) Date of occurrence 3-13-47

(c) Where did injury occur? W.C. Garrison - Mo.
 (City of town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 808 - Euclid - Mo.
 (Specify type of place) (e) Means of injury: Stab wound

23. Signature J. Williams (M. D. or other) J.E.

Address 2636 - Brooklyn **Date signed** _____

3-18-47

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. C. Davis
Licensed Embalmer No. 4417
P. O. Address T. C. 0201

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.