

FILED MAY 15 1947

Registration District No. 276

Primary Registration District No. 5710

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Tyler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Tyler Community
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 Years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Tyler
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Valentine Forsythe

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: April 29, 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business X

12. Name John Forsythe

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

14. Maiden name Jane Helm

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

16. (a) Informant Mrs. Georgia Robinson

(b) Address Caruthersville, Mo.

17. (a) Removal (b) Date thereof 5/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H.S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 5/12/47 (b) Dresser B. Weeks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Body injuries sustained in a storm as the house was demolished

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 78

(b) Date of occurrence 5-1-47

(c) Where did injury occur? Tyler Pemiscot mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Jack Kelly coroner (M.D. or other) 3

Address Mayhew mo Date signed 5-2-47

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

78
90

PHYSICIAN

Underline the cause to which death should be charged statistically.

5-13-166

JUN 3 1947

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 James A. Osburn
Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.