S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37383

Registration District No. 59 Primary Registration District No. 4095 Registrar's No. 164

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

1. PLACE OF DEATH:
(a) County Cass.
(b) City or town Drexel. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital. At home. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply. (Specify whether
In this community 35 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Cass. 19
(c) City or town Drexel. (If outside city or town limits, write "RURAL")
(d) Street No. No street numbers. (If rural, give location)
(e) Citizen of foreign country? Naturalized Amer. (Yes or No)
If yes, name country Born in Sweden.

3. (a) PRINT FULL NAME AARON FORSBERG,
3. (b) If veteran, name war None.
3. (c) Social Security No. None.
4. Sex Male 0
5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed. 2
6. (b) Name of husband or wife Emily Nelson Forsberg.
6. (c) Age of husband or wife if alive Dcsd. years
7. Birth date of deceased April. (Month) 2nd. (Day) 1865. (Year)

8. AGE: Years	Months	Days	If less than one day
82	6	1	hr. min.

9. Birthplace Sweden. 4 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer. Retired.
11. Industry or business Retired.
FATHER
12. Name Not known.
13. Birthplace Sweden. 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not known.
15. Birthplace Sweden. 4 (City, town, or county) (State or foreign country)
16. (a) Informant Miss Esther Forsberg
(b) Address Drexel, Missouri.
17. (a) Removal and Burial (Burial, cremation, or removal) (b) Date thereof 11/5/47. (Month) (Day) (Year)
(c) Place: burial or cremation Jingo Kans. Cem.
18. (a) Signature of funeral director [signature]
(b) Address Drexel, Missouri.
19. (a) 11/5/47. (Date received local registrar) (b) Laura J. Jones (Registrar's signature) 51

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd year 1947 hour 11 minute 00 P. M.
21. I hereby certify that I attended the deceased ~~from~~ on Nov 3d, 1947, to ..... 19....; that I last saw him alive on Nov 3, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation Sudden Death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature Basil O'Hartwell (M. D. ~~XXXX~~)
Address Drexel, Mo. Date signed 11/5/47

Jefferson City Printing Co. (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~~ personally.

....., ~~Registered Apprentice No.~~.....

~~working under my personal supervision.~~

Signed J. D. Hayes

Licensed Embalmer No. 1950

P. O. Address Drexel - 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.