

No. 300
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1002

4830
State File No. _____
Registrar's No. **626**

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 55 years (Specify whether years, months or days)

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. 1014 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES A. FORREE
3. (b) If veteran, name war World War 1 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month FEB day 11 year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from SEPT 3 46, 1948, to FEB 11, 1948 that I last saw him alive on FEB 11, 1948 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Lyle Forree 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Apr. 16, 1892
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 4 days
Due to Cerebral Arteriosclerosis 1 1/2 yrs

8. AGE: Years Months Days If less than one day
55 9 25 hr. min.

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

9. Birthplace Kansas City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired

PHYSICIAN
Major findings: Of operations 830
Of autopsy 6
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Harry Whirritt
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mattie Forriss
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth L. Forree
(b) Address 1014 Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

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? _____

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri
19. (a) 2-12-48 (Date received local registrar) (b) Sheldine Holmes (Registrar's signature)

23. Signature O. E. Gillespie (M. D. or Chgo.)
Address 1414 Park Bld Date signed 2/12/48

1914

1414 Prof. Bell
No. 4523-

no. 1074
year 1914

100000000000

100000000000

100000000000

Embalm

100000000000

100000000000

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.