No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28864

Registration District No. FILED OCT 1 1948

Primary Registration District No. 3006

Registrar's No. 241

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 515 S. Fifth St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 15 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 515 S. 5th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JAMES WILLIAM FORBIS
3. (b) If veteran, name war: None
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ivy Bruton Forbis
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 12 - 1 - 1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 19
If less than one day: hr. min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Railroad Employee
11. Industry or business:
FATHER 12. Name: Francis Marion Forbis
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sarah Martha Silver
15. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Jas. W. Forbis
(b) Address: 515 S. 5th St., Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Centralia, Mo.
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 9-22-48 (Date received local registrar) (b) Mrs. P. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1948 hour 9 minute 32 P.M.

21. I hereby certify that I attended the deceased from Sept 2, 1948 to Sept 20, 1948 that I last saw him alive on Sept 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Virus	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pernicious Anemia ?	

Major findings:
Of operations: None
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

23. Signature: E. B. Caskey (M. D. or other) M.D.
Address: Columbia, Mo. Date signed: 9/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 30 1948

OCT 25 1948

JUN 13 1950

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 Thos L Waring

Licensed Embalmer No. 4132

P. O. Address Columbia, M

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.