

FILED SEP 30 1948

Registration District No. 277

Primary Registration District No. 3045

Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
321 East Cypress St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of Life
years, months or days)

3. (a) PRINT FULL NAME Ida Forgey

3. (b) If veteran, name war No 3. (c) Social Security No. None Known

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 7, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 6 hr. min.

9. Birthplace Mississippi County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business None

MOTHER FATHER

12. Name Gus Henry Forgey

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

14. Maiden name Alice Harrison

15. Birthplace Not Known, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gussie Lawrence

(b) Address Tamms, Illinois.

17. (a) Burial (b) Date thereof 9-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cem., Charleston

18. (a) Signature of funeral director Edward E. P... ..

(b) Address Charleston, Missouri.

19. (a) 9-23-48 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 321 East Cypress St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13th
year 1948 hour 9:00 minute 30 A. M.

21. Whereby certify that I attended the deceased from Sept 7, 1948 to Sept 13, 1948
that I last saw h. E.R. alive on Sept 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to _____
Due to _____

Other conditions Gen. debility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
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) _____
(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? _____

While at work _____ (Specify type of place)
(g) Means of injury _____
23. Signature E. Chase K... .. (M. Doctor)
Address Charleston, Mo. Date signed 9/15/48

RECEIVED

District Health Office No. 2,

District File Number 948-1236

Date Filed 9-28-48

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 Joe R. Nunnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.