

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 18912

Registrar's No. 2646

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1802		Registrar's No. 2646	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 2 YEARS		c. CITY OR TOWN KANSAS CITY		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2848 BELLEVUE AVENUE				STREET ADDRESS (If rural, give location) 2848 BELLEVUE AVENUE 340			
3. NAME OF DECEASED (Type or Print) a. (First) SUSIE		b. (Middle) J.		c. (Last) FORBES		4. DATE OF DEATH (Month) (Day) (Year) JUNE-11-1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL-4-1877	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN SMITH		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CHARLES FORBES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-36-9514		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. D. H. ANDERSEN 8045 VERNON AVE. CHICAGO, ILL.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 15 yrs.	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION Diabetes mellitus Obesity, exogenous				15 yrs. 10 yrs.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 45			
22. I hereby certify that I attended the deceased from Jan 18, 1954, to June 11, 1954, that I last saw the deceased alive on June 8, 1954, and that death occurred at 11:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE J. D. Bennett (Degree or title) MD				23b. ADDRESS 409 E 63rd KCMO		23c. DATE SIGNED 6/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JUNE-12-1954		24c. NAME OF CEMETERY OR-CREMATORY MT. HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) CHICAGO, ILLINOIS	
DATE REC'D BY LOCAL REG. 6-12-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. H. Newsome's Sons 1331 BRUSH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement of Reverse Side)

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

MAR 23 1951

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Hubert A Jones*

Licensed Embalmer No. 492

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.