

S. No. 2  
OM-5-43  
v. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5607

FILED MAR 2 1946

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 720

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town CAHNSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 4014 VIRGINIA AVENUE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community since Nov. 1942  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town CAHNSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 4014 VIRGINIA AVENUE  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDGAR NELSON  
EDWARD W. FORRESTER

3. (b) If veteran, name war No

3. (c) Social Security No. 208-16-5166

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 9TH  
year 1946 hour 8 minute 15P. M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, (married) divorced, WIDOWED

6. (b) Name of husband or wife MRS. BEATRICE FORRESTER 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased LAURA B. JANUARY-3-1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 1 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to arteriosclerosis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no  
History & Postmortem

10. Usual occupation ASSISTANT ROADMASTER

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business A-T-SANTA FE-RETIRED

12. Name NELSON S. FORRESTER

13. Birthplace MEMPHIS MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name SARAH SIMINIER

15. Birthplace JACKSONVILLE MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MISS FAY FORRESTER

(b) Address 4014 VIRGINIA AVENUE

17. (a) BURIAL (b) Date thereof FEB-13-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NORBORNE MISSOURI

18. (a) Signature of funeral director D. J. Newberry  
(b) Address 140 1/2 Birch Creek Blvd.

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) \_\_\_\_\_  
(e) Means of injury 2

23. Signature J. J. [unclear] (M. D. or other) \_\_\_\_\_  
Address 4424 [unclear] Date signed 2-10-46

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

4596

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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..... *E. Oscar Northey*.....  
Licensed Embalmer No. *1767*.....  
P. O. Address..... *Kansas City*.....

**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.**