

Registration District No. 316

Primary Registration District No. 6008

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

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. Route 1 B.C. Ruess Mch
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL.")

(d) Street No. R. Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MAGGIE FORCHEE

3. (b) If veteran, V name war _____

3. (c) Social Security No. V

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Thomas Forchee (c) Age of husband or wife if alive V years

7. Birth date of deceased: April 29 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Thomas Loggett

13. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Albert Forchee

(b) Address R-1 Bonne Terre Mo

17. (a) Burial (b) Date thereof July 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cemetery

18. (a) Signature of funeral director Benjamin Stark

(b) Address 313 Benham Bonne Terre Mo

19. (a) 7/17/45 (b) Erther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1945 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from 23 - July 4, 1945 to July 4, 1945 that I last saw or alive on July 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to embolism

Due to _____

Other conditions (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)

(c) Means of injury _____

23. Signature D. L. Evans (M. D. or other) _____

Address Bonneterrre Mo Date signed 7-14-45

RECEIVED
District Health Officer No. 4
District File Number 845-941
Date Filed 8-9-45

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 G. J. Claywell
Licensed Embalmer No. 3106
P. O. Address Brown Cave 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.