

FILED MAY 7 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6074

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

1. PLACE OF DEATH:

(a) County St. Francis  
(b) City or town Cantwell (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis  
(c) City or town Cantwell (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY JANE FORSHEE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If \_\_\_\_\_ years

7. Birth date of deceased April 4 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Care of Home

11. Industry or business

12. Name Frank Wella  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Russell Hilton  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lola Weible  
(b) Address Cantwell Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Herold Cemetery  
18. (a) Signature of funeral director C. J. Boyer  
(b) Address Destoy Mo.  
19. (a) April 29-1943 (b) Byrdie Buhmester (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1943 hour 7 minute 5 P.M.

21. I hereby certify that I attended the deceased from May 40 to April 43  
that I last saw him alive on 4-7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia  
Duration 5 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions arterio-sclerotic changes, diabetes mellitus  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 61

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? DeLuge

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature W. H. DeLuge (M. D. or other)  
Address DeLuge Date signed 4-10-43

RECORDED

District Health Officer No. 4  
District File Number 543-2153  
Date Filed 5-5-43

**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 C. J. Bayer

Licensed Embalmer No. 1671

P. O. Address Wesley 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.**