DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39660

Registration District No. 773 — Primary Registration District No. 6018A — Registrar's No. 197

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

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Rural St Francois Twp
(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)
In this community 2

DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Rural St Francois Twp
(If outside city or town limits write "RURAL")
Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LEEMAN SMITH FORSHEE

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

4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy Holmes
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 29, 1892 (Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Cantwell Mo (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer 0
11. Industry or business Farming 0

FATHER
12. Name John Forshee 0
13. Birthplace ? (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Wells
15. Birthplace ? (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lucy Forshee
(b) Address Farmington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-24-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cem
18. (a) Signature of funeral director C J Boyer
(b) Address District Mo
19. (a) Nov 23-1940 (Date received local registrar) T J Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1940 hour 7 minute 30 A M.
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.

	Duration
Immediate cause of death Heart attack	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joe Diemer Coroner (M. D. or other)
Address Bloat Mo Date signed 11-22-40

(Licensed Embalmer's Statement on Reverse Side)

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 Boyer

Licensed Embalmer No. 1671

P. O. Address Dedham Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39660

Registration District No. 773 Primary Registration District No. 6018 Registrar's No. 197

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town St Francois T. 8
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Leeman Smith Forshee
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex m | 5. Color or race W | 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 48 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month nov day 22
year 1920 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
that death occurred on the date and hour stated above.
Immediate cause of death Heart attack Duration
Due to Myocarditis
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jno D Lemon (M. D. or other)
Address St Clair Mo. Date signed

SUPPLEMENTARY

1940
S-39660