

REC'D OCT 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31781

Do not use this space.

1. PLACE OF DEATH

(a) County BuchananRegistration District No. 85

(b) Township

Primary Registration District No. 1001Registered No. 988(c) City St. Joseph(d) Street No. Missouri Methodist Hospital St.(e) Length of residence in city or town where death occurred yrs. mos. 4 ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Omer Gideon Ford(a) Residence, No. Gilman City, Missouri St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Bessie Ford6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 19, 1884

7. AGE

YEARS

54

MONTHS

0

DAYS

10

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Owner of Hardware Store

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co., Missouri

FATHER

13. NAME Wm. Ford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County Missouri

MOTHER

15. MAIDEN NAME Ida E. Kavanaugh16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County Missouri17. INFORMANT (ADDRESS) Mrs. Bessie Ford Gilman City, Missouri

18. BURIAL, CREMATION, OR REMOVAL

Gilman City, Cem. DATE 10/1/3819. FUNERAL DIRECTOR (ADDRESS) Walter Meierhoffer 1302 Ferguson St. St. Joseph, Mo.20. FILED Sept 29 1938 H. H. Hestelbach Social Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29, 193822. I HEREBY CERTIFY, That I attended deceased from 9-25-1938 to 9-29-1938I last saw him alive on 9-28-1938. Death is saidto have occurred on the date stated above, at 1:45 AM.

The principal cause of death and related causes of importance were as follows:

Edema of lungs before 9-25-38

Date of onset

9-26-38

Other contributory causes of importance:

Emphysema of gall bladder 9-19-38Name of operation Cholecystectomy Date of 9-27-38What test confirmed diagnosis? Operative Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Paul Ferguson, M. D.(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PEAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself and J.C. Anderson

L. E. Yes & apprentice

No. 118 or by _____, Registered Apprentice No. 118

working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. 3946

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.)