

DEC 14 1938

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

41709
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City H.C.G. Mo. (d) Street No. General Hospital #2 Registered No. 4775
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 63A Gora Jane Ford
 (a) Residence, No. 1529 Olive St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown 1893
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-29-1893
 7. AGE YEARS 45 MONTHS 1 DAYS 3 IF LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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) Arkansas
 FATHER 13. NAME Wm. Jackson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 MOTHER 15. MAIDEN NAME Annie Gibson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 17. INFORMANT (ADDRESS) Record Clerk General Hosp #2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE 12/19/38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nathan W. Hatcher 1529 N. 5th St.
 20. FILED Dec 8 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1938, to 12-2, 1938
 I last saw him/her alive on 12-2, 1938. Death is said to have occurred on the date stated above, at 5:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Uremia
 Other contributory causes of importance:
Carcinoma of Uterus, Hydroureter, and Bilateral
 Name of operation Hydroureter
 What test confirmed diagnosis? Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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?
 If so, specify (Signed) M. M. Brown (Address) General Hospital #2

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.

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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,

Nathan W. Thatcher, or by

Registered Apprentice No....., working under my personal supervision.

Signed *Nathan W. Thatcher*

Licensed Embalmer No. *2700*

P. O. Address *1520 N. 5th St.*

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, above space should be left blank.