

1938 JAN 25 1938

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

44890
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 998
(b) Township mtn Grove mo Primary Registration District No. 4549 Registered No. 60
(c) or City mtn Grove mo (d) Street No. Ryan Hospital St.
(e) Length of residence in city or town where death occurred yrs. mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 630 Taylor Wilson Ford St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luella Ford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1876
7. AGE YEARS 62 MONTHS 3 DAYS 17 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) Nov. 1938 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME Simson Ford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo. 0

MOTHER 15. MAIDEN NAME Ellen Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo. 0

17. INFORMANT (ADDRESS) Bill Ford Cabool mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool DATE Dec 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Raymond V. Elliott Cabool

20. FILED 12-2-38 19 Bernice Montgomery (Address) mtn Grove

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1938, to 11/30, 1938

I last saw him alive on 11/30, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

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

Gun Shot Wound
accidental
Date of onset 1938

Other contributory causes of importance:

Name of operation no Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 11/30, 1938

Where did injury occur? Texas County mo (Specify city or town, county, and State)

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

Manner of injury gun shot

Nature of injury gun shot

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify no

(Signed) R. A. Ryan, M. D.
(Address) mtn Grove

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 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.....

Licensed Embalmer No.....

P. O. Address.....

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.