

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

31860
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85

(b) Township 1 Primary Registration District No. 1001

(c) City St Joseph (d) Street No. 325 Ozark St. St.

(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard B. Ford

(a) Residence, No. 325 Ozark 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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1859

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
80	5	21	

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

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

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 County Missouri

FATHER

13. NAME Richard B. Ford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER

15. MAIDEN NAME Sarah Jane Borahn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Frank B. Ford 6320 Morris

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE King Hill Cem. Sept. 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED 9/5 1939 H.M. Matlock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from viewed Sept 2nd 1939 to 1939, 19..... I last saw #####, 19..... Death is said to have occurred on the date stated above, at 6.20a. m. The principal cause of death and related causes of importance were as follows:

Suicide by hanging

Date of onset 165

Other contributory causes of importance: none

Name of operation History Date of no

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Suicide Date of injury 9/2, 1939

Where did injury occur? St. Joseph, Mo. (Specify city or town, county, and State)

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

Manner of injury Home

Nature of injury Home

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

If so, specify B. W. Tadlock Coroner, M. D. (Signed) King Hill Bldg. (Address)

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, ~~on~~ **Sept. 2, 193**

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

Signed *Earl A. Clark*

Licensed Embalmer No. **3476**

P. O. Address **St. Joseph, 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, above space should be left blank.