REC'D OCT 20 1939

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

33034
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery 2 Registration District No. 588

(b) Township or City Danville Mo 1 Primary Registration District No. 4346 Registered No.

(c) City Danville Mo (d) Street No. ..... St. (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 Life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 630 Howard S. Ford

(a) Residence, No. Danville Mo 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 ~~XXXXXXX~~ 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 Blanche Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 th 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64		22	

OCCUPATION

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

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) Danville Mo 0

FATHER

13. NAME Laborn Ford 1

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

MOTHER

15. MAIDEN NAME Emily Smith

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

17. INFORMANT (ADDRESS) Blanche Ford Danville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory Cem DATE 9/21/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. T. Hopkins Montgomery City Mo

20. FILED Oct 1939 Mrs. V. A. Cullom Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/19/39 19

22. I HEREBY CERTIFY, That I attended deceased from April 27 1936, to Sept. 19 1939

I last saw him alive on Sept. 19 1939. Death is said to have occurred on the date stated above, at 9 pm.

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

Malignant Hypertension & Cancer of Liver with metastasis Nephritis Chronic

Date of onset ?

Other contributory causes of importance: 46

Name of operation none Date of —

What test confirmed diagnosis? — 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 ....., 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) E. J. T. Andersen M. D.

870 (Address) Montgomery City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X16605

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 on the 19th day of Sept 1939, Registered Apprentice No. , working under my personal supervision.

Signed

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.