

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.

RECORDED OCT 14 1939

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

34948
 Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399

(b) Township RAW Primary Registration District No. 6002 Registered No. 33923

(c) City KANSAS CITY (d) Street No. RESEARCH HOSPITAL 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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MR. DINWIDDIE WHITE DE FORD

(a) Residence, No. 4505-MADISON 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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MRS. KATE B. DE FORD</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR-30-1885</u>		
7. AGE <u>54</u>	YEARS	MONTHS <u>6</u>
		DAYS <u>11</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>OWNER</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>CAREFUL CLEANERS</u>	
	10. Date deceased last worked at this occupation (month and year) <u>JUNE-1939</u>	
	11. Total time (years) spent in this occupation <u>13</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NEODESHA KANSAS</u>		
FATHER	13. NAME <u>IRWIN DE FORD</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>PENNSYLVANIA</u>	
MOTHER	15. MAIDEN NAME <u>ALLIE WHITE</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENNESSEE</u>	
17. INFORMANT (ADDRESS) <u>MRS. KATE B. DE FORD 4505 MADISON AVE.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MEMPHIS, TENN. DATE OCT-11 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>D. W. NEWCOMER'S SONS KANSAS CITY MISSOURI</u>		
20. FILED <u>10-11-39</u> <u>W. M. [Signature]</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT-10 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1939 to Oct 10, 1939

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:10 P.M.

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

Prothogenic Carcinoma Date of onset May 1939

Other contributory causes of importance:
Metastatic involvement: Brain, Liver, Kidney, End Skull

Name of operation Cranectomy Date of Sept 1939

What test confirmed diagnosis? Autopsy 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 _____, 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) J. V. Bell M. D.
 (Address) 1132 Professional Bldg. Ke. Mo.

1745 W. 50th Street
10:00

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 *W. B. Newcomer Jr.*

Licensed Embalmer No. *40513*

P. O. Address *Kansas 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.