

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

35610  
Do not use this space.  
1091

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 86  
 (b) Township Washington Primary Registration District No. 5129  
 (c) City \_\_\_\_\_ (d) Street No. Route # 5 St.  
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.  
 2. PRINT FULL NAME Infant Ford.  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \*\*\*\*\*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 23, 1939.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 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) 1/4 mile So. City Limits. St. Joseph, Mo.  
 FATHER 13. NAME Jerald Ford.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rogers, Arkansas.  
 MOTHER 15. MAIDEN NAME Mary Parker,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.  
 17. INFORMANT Jerald Ford.  
 (ADDRESS) St. Joseph, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery. DATE Oct. 23, 1939.  
 19. FUNERAL DIRECTOR (NAME) Fred A. Clark  
 (ADDRESS) 5025 King Hill Ave. St. Joseph, Mo.  
 20. FILED Oct. 23, 1939 A. J. Nestlebaum Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1939, to Oct 24, 1939  
 I last saw him alive on Still born, 19..... Death is said to have occurred on the date stated above, at 12:30 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Still born  
 Date of onset  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? cloud Was there an autopsy? no  
 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) S. B. Meadows, M. D.  
 (Address) De Kalb, Mo.

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.

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X 18605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Eric A Clark*

Licensed Embalmer No. ....

*3476*

P. O. Address .....

*St Joseph M*

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.