

STANDARD CERTIFICATE OF DEATH

State File No. 39942Registration District No. 411Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper 2
 (b) City or town Joplin
 (c) Name of hospital or institution: 525 High Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
 In this community 25 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Dysie Ford 6311

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife Robert Ford

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March (?) 1879
(Month) (Day) (Year)

8. AGE: Years

Months

Days

If less than one day

hr. min.

about 607?9. Birthplace Tennessee
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Home12. Name Morris Scales13. Birthplace Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Lizzie McClure15. Birthplace Tennessee
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Robert Scales(b) Address 525 High St. Joplin Mo.17. (a) Burial (b) Date thereof 11-28-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Parkway Cemetery18. (a) Signature of funeral director Hurlbut Und Co.(b) Address 212 Joplin St. Joplin, Mo.19. (a) 11-27-39 (b) Ed W James
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 525 High Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1939 hour 3 minutes 25 A.M.21. I hereby certify that I attended the deceased from April
6, 1937, to November 26, 1939;
that I last saw her alive on 11/24/39, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Acute Myocardial Infarction N. M. S.Due to PericarditisDue to 130

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed W James (M. D. or other) _____
Address Ed W James Date signed 11/27/39

RECEIVED

District Health Officer No. 6,

District File number 1239-2512

Date Filed DEC 5 1939

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.