

JAN 13 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 42182Registration District No. 399Primary Registration District No. 1002Registrar's No. 4594

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1709 - E - 12th St 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 17 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD FORD, JR. 630

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex MALE 5. Color or race NEGRO  
 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GWENDELIN FORD 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased 7 20 1930  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
19 4 9 hr. min.

9. Birthplace PARSON KANSAS  
 (City, town, or county) (State or foreign country)

10. Usual occupation PORTER11. Industry or business DRUG STORE 112. Name EDWARD FORD

13. Birthplace PARSON KANSAS  
 (City, town, or county) (State or foreign country)

14. Maiden name MAYME DUMAS

15. Birthplace MUSKOGEE OKLA.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mayme Ford McShann

(b) Address 2116 N. 4th St. Kans. City, Kans.

17. (a) Muskogee, Okla. (b) Date thereof 12 2 '39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MUSKOGEE, OKLA.

18. (a) Signature of funeral director IDEAL FUNERAL HOME

(b) Address 1409 - E - 12th St. K.C., Mo.

19. (a) Dec. 2, 1939 (b) M. M. Brown  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
 (c) City or town KANSAS CITY  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2452 VINE ST  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-29-39 day \_\_\_\_\_  
 year \_\_\_\_\_ hour \_\_\_\_\_ minutes \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
 the deceased was alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound of chest  
Heart shot

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 11-29-39

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Russell J. Brown (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

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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.....

Frank K. Baker....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Frank K. Baker.....

Licensed Embalmer No. 3795.....

P. O. Address K.C. 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.**