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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Jan 16
FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7704

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days (Specify whether
In this community years, months or days) 1

630

3. (a) PRINT FULL NAME Agnes Ina Ford

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Ford
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 29 (Month) 1896 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
43	2	4	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife 9
11. Industry or business 9

FATHER
12. Name Jack Crawford
13. Birthplace Unkown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace Unkown (City, town, or county) (State or foreign country)

16. (a) Informant Roy V. Ford
(b) Address Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo. 906
19. (a) 2-15-40 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits write "RURAL")
(d) Street No. 1900 West 2nd. St. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1940 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 16, 1940, to Feb. 13, 1940, that I last saw her alive on Feb 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Puerperal Sepsis — Duration 2 days

Due to Premature birth with infection

Due to

Other conditions None (Include pregnancy within 3 months of death) 5 14

Major findings: Of operations None

Of autopsy None made

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

23. Signature Chas. [illegible] (M. D. ~~or other~~) 1
Address Sedalia Mo Date signed Feb 14 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-18-40

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.