

Registration District No. 204 Primary Registration District No. 3012 Registrar's No. 35

1. PLACE OF DEATH:
(a) County Cameron
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shoal
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. West 4th (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ALVA E DE FORD 163
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife Rhea De Ford 6. (c) Age of husband or wife if 54 years
7. Birth date of deceased June 9, 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Winston Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Secy
11. Industry or business _____

MOTHER FATHER
12. Name P B De Ford
13. Birthplace Green Miss
(City, town, or county) (State or foreign country)
14. Maiden name Mrs Birkhoff
15. Birthplace Mansfield Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Margie De Ford
(b) Address Cameron Mo

17. (a) Burial (b) Date thereof Aug 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winston Mo

18. (a) Signature of funeral director J Moore
(b) Address Cameron Mo

19. (a) Aug 16 1940 (b) ON Est Riling
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 15 year 1940 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from Aug 14, 1940 to Aug 15, 1940, that I last saw him alive on Aug 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage apoplexy Duration 2 days

Due to Chronic hypertension 15 yrs
Due to _____ 94/12

Other conditions Coronary occlusion Aug 4, 1940
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

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

23. Signature Frank Wilson M.D. (M. D. or other) _____
Address Winston Mo Date signed Aug 15 1940

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

LEON F. WEYERICH, M. D.
Special Agent, Bureau of the Census

CAMERON, MISSOURI

940-1784
SEP 5 1940

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. *1180*

P. O. Address *Cameron 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, fact should be so stated above.