

Registration District No. 947 Primary Registration District No. 5512

FILED OCT 23 1940

1. PLACE OF DEATH: Holt

(a) County _____

(b) City or town Portescue; Minton Twp.
(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)

(d) Length of stay: In hospital or institution 3
(Specify whether)

In this community 7 weeks
years, months or days

3. (a) PRINT FULL NAME Laura Meyer Ford

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife John F. Ford 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 15 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|----|----|--------------------|
| 67 | 11 | 16 | _____hr. _____min. |
|----|----|----|--------------------|

9. Birthplace Forest City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home 6

11. Industry or business 1

MOTHER FATHER { 12. Name Jacob Meyer

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

14. Maiden name Minerva Curtis

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

16. (a) Informant Mrs. Marieta McGuire

(b) Address Portescue, Missouri

17. (a) Burial (b) Date thereof Sept. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest City, Missouri

18. (e) Signature of funeral director Pettijohn Funeral Home

(b) Address Oregon, Missouri

19. (a) 9-3-40 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Forest City
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1
year 1940 hour 2: minute 50 A.M.

21. I hereby certify that I attended the deceased from August 29, 1940 to August 31, 1940
that I last saw her alive on August 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

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? _____

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

23. Signature F. L. Nagon (M. D. or other) _____

Address Mound City, Mo. Date signed 8-2-40

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

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 Ralph C. Moore
Licensed Embalmer No. 1743
P. O. Address Oregon, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.