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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

Registration District No. 4599

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34603

Registrar's No. 4119

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: George H. Nettleton Home,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 1933, 3 (Specify whether
In this community 7 years,
years, months or days)

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) 0 Street No. 5125 Swope Parkway,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Miss Ella Ford,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single,

6. (b) Name of husband or wife x

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

7. Birth date of deceased August (Month) 20, (Day) 1855 (Year)

8. AGE: Years 85 | Months 2 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home, 1

11. Industry or business x 1

FATHER
12. Name M. P. Ford,
13. Birthplace Kentucky, (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. J. Howard Hart,
(b) Address 3610 Gillham Road, K. C., Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 10-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Road, K. C., Mo.

19. (a) 10-28-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October, day 26th, year 1940, A hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 19-40, 19 to Oct 26, 1940 that I last saw her alive on Oct 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 9 days, due to arteriosclerosis. Duration years.

Due to 82a

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 1

23. Signature John G. Lapp (M. D. or other) M.D.
Address 1314 Professional Bldg Date signed Oct 26 40

(Licensed Embalmer's Statement on Reverse Side)

Dr. John B. Lapp

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. 1415

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.