

No. 2
-13-40
-17-39
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NOV 17 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42907

State File No.

Registration District No. 417

Primary Registration District No. 2021

Registrar's No. 137

1. PLACE OF DEATH:

(a) County. Jasper

(b) City or town. Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
828 Prospect
(If not in hospital or institution, write street number or location)

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

In this community. 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jasper

(c) City or town. Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 828 Prospect
(If rural, give location)

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

3. (a) PRINT FULL NAME. Mrs. Julia Bell Ford

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

4. Sex. F. 5. Color or race. W. 6. (a) ~~Single~~, widowed, ~~married~~, divorced, WIDOWED

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

7. Birth date of deceased. April 2 1863
(Month) (Day) (Year)

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

77 8 15 hr. min.

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

10. Usual occupation. Housework

11. Industry or business. At Home

12. Name. John Compton

13. Birthplace. no data Virginia
(City, town, or county) (State or foreign country)

14. Maiden name. Lucy Safford

15. Birthplace. no data Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant. Dau. Rosa M. Smith

(b) Address. Baxter Springs, Kansas

17. (a) Burial (b) Date thereof. 12/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Hope Cemetery

18. (a) Signature of funeral director. Hedya Nelson

(b) Address. Webb City, Missouri

19. (a) DEC. 18. 40 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 17, year 1940 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from December 12, 1940, to Dec 17, 1940, that I last saw her alive on Dec 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis

Due to _____

Due to Senility

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) _____

(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? _____

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

23. Signature. B. A. Dumbauld (M. D. or dentist) _____
Address. Webb City, Mo Date signed. 12/18/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

9
1
2

MOTHER FATHER

41-1-16

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.....

E. M. Hedgk

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. M. Hedgk

Licensed Embalmer No.....

2859

P. O. Address.....

Webb City 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.