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

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1799

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mrs Lula Boring's nursing Home (905 Corby St) (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 905 Corby st (If rural give location)

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

3. (a) PRINT FULL NAME Mrs. Rela Ford

3. (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 James Ford

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

7. Birth date of deceased March (Month) 29 (Day) 1854 (Year)

8. AGE: Years 86 Months 9 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation un-employed

11. Industry or business no

FATHER
12. Name John Kelly
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Mildred Kelly

(b) Address Kansas City, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 10 (Day) 1941 (Year)

(c) Place: burial or cremation Savannah Cemetery

18. (a) Signature of funeral director Mrs. E. R. Sidenfaden F. Home

(b) Address 602 South 10th Street

19. (a) 1/10/41 (Date received local registrar) (b) H. J. Nettebush (Registrar's signature) 85

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1940 hour 2:05 minute P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Jan 8, 1941, to ....., 19...; that I last saw him alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Senile Arteriosclerosis (general)	
Due to	
Other conditions (Include pregnancy within 3 months of death) 8 3	

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 3

23. Signature H. F. Munchy (M. D. or other) Coroner

Address 404 S 23d st St Joseph Mo Date signed 1/8/41

ST. JOSEPH

(Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Siderfaden, Registered Apprentice No. 145, working under my personal supervision.

Signed R. V. Wenst.

Licensed Embalmer No. 3876

P. O. Address St. Joseph 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.