S. No. 2
-11-10-39
5-17-39
-1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8310

MAR 19 1941

Registration District No. 801

Primary Registration District No. 4430

Registrar's No. 41

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Sweet Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 102 Main Street
(If not in hospital or institution, write street number or location)

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

In this community (years, months or days): 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saline 97

(c) City or town: Sweet Springs 3
(If outside city or town limits, write "RURAL")

(d) Street No. 102 Main Street 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME: EDWARD N FORD

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary F Ford

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: July (Month) 20 (Day) 1856 (Year)

8. AGE: Years 84 Months 7 Days 4 If less than one day — hr. ✓ min.

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

10. Usual occupation: Contractor of Public Work

11. Industry or business: Paving & Sewer

FATHER
12. Name: Robert Ford
13. Birthplace: Don't know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Hickenson
15. Birthplace: / (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: Mary F Ford
(b) Address: Sweet Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 25 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery

18. (a) Signature of funeral director: Jesse Harvey
(b) Address: Sweet Springs Mo

19. (a) 2/25/41 (Date received by local registrar) (b) R C Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Feb. year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from July, 1940, to Feb 24, 1941; that I last saw him alive on Feb 23, 1941, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Arteriosclerosis (Coronary) Hypertension

Due to: 5 yrs

Due to:

Other conditions: Myocardial Infarction
(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Chas. L Parsons (M. D. or other) DM D

Address: Sweet Springs Mo Date signed: 2-24-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-6-41

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 Jesse Harvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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.