

FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13768

State File No.

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Andrew
 (b) City or town Savannah Rural
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life years, months or days

3. (a) PRINT FULL NAME MRS. AUGUSTA FORD

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

4. Sex Female 5. Color or race W. 6. (e) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gleo Ford 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb - 19 - 1894
 (Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 2 If less than one day hr. min.

9. Birthplace ANDREW MO
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name JOHN HENRY REDELF

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

14. Maiden name S. E. L. WETZ

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

16. (a) Informant: Jack Ford II

(b) Address: Savannah Ga.

17. (a) Reformed Church (b) Date thereof 4-18-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amazonia Cemetery

18. (a) Signature of funeral director J. Fred Terhune
 (b) Address: Savannah Ga.

19. (a) Apr. 18-41 (b) Mrs. Jennie Rash
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
 (c) City or town Savannah Mo. Rural
 (If outside city or town limits write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
 year 1941 hour 2:00 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 25, 1941, to April 15, 1941;
 that I last saw her alive on April 15, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Both Lungs
 Due to: metastases from Carcinoma of Left Breast
 Due to: _____

Other conditions: 50
 (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?
934 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 0
 Address Savannah Mo Date signed 4/18/41

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

200

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.....

J. Fred Terhune

Licensed Embalmer No.....

1279

P. O. Address.....

Savannah Ga

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.