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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17370

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2032

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

1. PLACE OF DEATH:
(a) County Jackson County
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Nine years 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 5331 Highland
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sarah Ford

3. (b) If veteran, name war —

3. (c) Social Security No. No

4. Sex F 1

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Patrick Ford

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

7. Birth date of deceased Nov (Month) 1st (Day) 1862 (Year)

8. AGE: Years 79 Months 6 Days 21 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business —

FATHER
12. Name John Fahey
13. Birthplace — (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Catherine Fox
15. Birthplace — (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Sister Camille
(b) Address 5331 Highland

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis, Mo.

18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address K.C. Mo

19. (a) May 24 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1941 hour 9.30 minute a M.

21. I hereby certify that I attended the deceased from May 1, 1941, to May 21, 1941; that I last saw her alive on May 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Malacia arteriosclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) 83a 1

Major findings:
Of operations 83a

Of autopsy no

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 John O Skinner (M. D. or other) MD
Address 1402 Bryant Bldg Date signed 5/22/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harold Perry

Licensed Embalmer No. 4097

P. O. Address 20 W. Linwood

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.