No. 2
1-4-41
-17-39
X26390

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

FILED JUN 12 1941

Maddox 18638

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 190

Registration District No. 668 Primary Registration District No. 6683032 Registrar's No. 190

1. PLACE OF DEATH:

(a) County: Pettis

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

(c) Name of hospital or institution: 110 So. Dundee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis 80

(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 110 So. Dundee 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Henry Cryder 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: Wid. 2

6. (b) Name of husband or wife: Catherine

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

7. Birth date of deceased: October (Month) 7 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	7	23	..... hr. ..... min.

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

10. Usual occupation: Not employed.

11. Industry or business .....

FATHER
12. Name: Tom Ford
13. Birthplace: / (City, town, or county) Kenyucky (State or foreign country)

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

16. (a) Informant: Roy Ford
(b) Address: Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 2-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill

18. (a) Signature of funeral director: Gillespie Funeral Home
(b) Address: Sedalia, Mo.

19. (a) 6/2/41 (Date received by local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1941 hour 4 45 minute A.M.

21. I hereby certify that I attended the deceased from Feb 4- 1941, to May 30 1941 that I last saw him alive on May 30 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	
Due to Carcinoma of Oesophagus	
Due to	
Other conditions (Include pregnancy within 3 months of death) 4 6a	

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

23. Signature: J. R. Maddox (M. D. or other) O
Address: 116 E. Ill. Date signed 6-2-41

906 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-41

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.