

FILED SEP 2 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29471

State File No. \_\_\_\_\_

Registration District No. 795

Primary Registration District No. 10188

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Grand Pass, Passaic  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97  
(c) City or town RURAL (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17<sup>th</sup>  
year 1941 hour \_\_\_\_\_ minute 8:15 P.M.  
21. I hereby certify that I attended the deceased from March 15  
1941 to May 17 1941  
that I last saw her alive on May 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to H/A  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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 Waverly M. ... (Date signed 5-18-41)  
Address \_\_\_\_\_

3. (a) PRINT FULL NAME Will Ann Ford  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William Ford 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Mar 23 1863 (Month) (Day) (Year)

8. AGE: Years 97 Months 5 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Home wife

11. Industry or business \_\_\_\_\_

12. Name Will Corp.  
13. Birthplace Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name Mary Winfrey  
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant William Ford  
(b) Address Waverly mo.  
17. (a) Burial (b) Date thereof May 19, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Grand Pass, Tenn.

18. (a) Signature of funeral director Willis Marshall  
(b) Address Carrollton mo.  
19. (a) May 20-41 (b) R. Spencer (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 8  
District File Number 8-26-41  
Date Filed

**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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2425

P. O. Address. Carrollton, 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, fact should be so stated above.**