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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34246

Registration District No. 267 Primary Registration District No. 5090 Registrar's No.

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rural — Mingo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Mary Agness Ford
8. (b) If veteran, name war
8. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Samuel Ford
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	11	13	hr. min.

9. Birthplace St Clair County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Hayden Reynolds
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha Burgess
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant James Ford
(b) Address Adrian Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Whitoak
18. (a) Signature of funeral director Hobart Arnold
(b) Address Creighton Mo.
19. (a) Nov 5 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1941 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Oct 20 1941 to Nov 4 1941 that I last saw her alive on Oct 26 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 4 wks
Due to 830
Due to
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy no

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (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? no (e) Means of injury
23. Signature Geo. W. Griffith M. D. or other)
Address Garden City Mo Nov 9 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-41-1879
Date Filed 11-13-41

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 Hobart Arnold

Licensed Embalmer No. 3621

P. O. Address Creighton 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.

V. S. No. 2B
0M—8-21-41
X29288

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STANDARD CERTIFICATE OF DEATH

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1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
(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 (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary A. Ford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 21 (Day) 1866 (Year)

8. AGE: Years 74 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) Dec 8 1941 (Date received local registrar) (b) Mrs Jas. McClenny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY