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X26390

DEC 18 1941

6053

Registration District No. 37

Primary Registration District No. 6053

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Washburn R # 1
(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

3. (a) PRINT FULL NAME Lloyd Frank 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 Married
6. (b) Name of husband or wife Fern Ford
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased June 5 1915
(Month) (Day) (Year)

8. AGE: Years 26 Months 5 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Gen. Farming

MOTHER FATHER { 12. Name Thomas J. Ford
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Moon
15. Birthplace Benton Co. Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. D. Ford

(b) Address R # 2 Monett, Mo.

17. (a) Burial (b) Date thereof 12 1 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Prairie Cem

18. (a) Signature of funeral director 1509 Fern Home
(b) Address Coosville, Mo.

19. (a) 12/1/41 (b) Freda Edens
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town R.F.D. Washburn 0
(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 Nov day 30
year 1941 hour 9 minute 0 A.M.
21. I hereby certify that I attended the deceased from Nov. 30
1941 to Nov. 30 1941
that I last saw him alive on Nov. 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Diabetic Coma

Due to acute enteritis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 61
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 2

23. Signature Chas. R. Brown M. D. of other _____
Address Deligman, Mo. Date signed Dec 41

900

RECEIVED

District Health Officer No. 6,

District File Number 1241-1859

Date Filed DEC 15 1941

RECEIVED

District Health Officer No. 2,

District File Number 1241-16

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 _____

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

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Crossville, 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.