

FILED MAR 18 1942

Registration District No. **738**

Primary Registration District No. **6098B 4509**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter, Mo.
(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.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Adeline 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 Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb. 20, 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months Days If less than one day
hr. min.

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

10. Usual occupation House keeper

11. Industry or business.....

MOTHER FATHER { 12. Name Jess Jackson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Ford
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lola Cook
(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof Feb. 22, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.

19. (a) Feb. 22, 42 (b) Mora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day Feb.
year 1942 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 4 - 1942 to Feb. 14, 1942
that I last saw her alive on Feb. 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Asthma + Senility

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 1626

Major findings: Of operations.....
Of autopsy.....

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) 2
(a) Means of injury.....
23. Signature A. G. Cannon (M.-D. or other) MD
Address Dexter Date signed 2/21-42

1134

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

RECEIVED

District Health Office No. 2,

District File Number 342-386

Date Filed 3/12/42

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 B. J. Brentlinger
Licensed Embalmer No. 4201
P. O. Address Sevier, 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.