

No. 2
1-4-41
5-17-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 4 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14526

State File No. _____

Registration District No. 703

Primary Registration District No. 5557

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Hickman Mills
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bannister Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural Hickman Mills
(If outside city or town limits, write "RURAL")
(d) Street No. Bannister Road R.R. # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Thornton Fordyce

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Rebecca Fordyce
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased February 23 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 0 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Lewis Fordyce

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

14. Maiden name Mary J. Newby

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

16. (a) Informant Mrs. L. D. May

(b) Address R. 2 Bannister Rd Hickman Mills Mo

17. (a) Burial (b) Date thereof Mar. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. H. Fewconer's Sons

(b) Address Kansas City, Missouri

19. (a) Mar 20 42 (b) Mrs. G. E. Sarson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1942 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 10
1942 to March 19 1942
that I last saw her alive on March 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 days

Due to Cerebral hemorrhage 3. who.

Due to _____

Other conditions Senility 20 yrs
(Include pregnancy within 3 months of death)

Major findings: None Of operations _____

Of autopsy None

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 M. E. Bank M.D. Address Raytown Date signed 3-20-42

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

1107 (Licensed Embalmer's Statement on Reverse Side)

1-27
Preston, Missouri

Preston High School
Preston, Missouri

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 Emile M. Polhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14526
Registrar's No. _____

Registration District No. _____

Primary Registration District No. 5537

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural
(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 20 yrs
years, months or days)

3. (a) PRINT FULL NAME Thornton Perdyce
3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Feb 23 - 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months _____ Days _____ (If less than one day _____ min)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(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? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1942
year 1942 hour _____ minute 45 a.m.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ live on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Lobar

Due to Cerebral hemorrhage

Due to _____

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

Major findings:
Of operations _____

Of autopsy 108

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) (c) Means of injury _____

23. Signature Dr. C. E. Bank (M. D. or other) _____

Address Raytown Mo. Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

