S. No. 2
—1-4-41
. 5-17-39
I X28330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

Registration District No. 334

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5474

18041

State File No.

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: [illegible]

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

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

(d) Street No. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME LAVINIA, I. FORD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William P. Ford

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

7. Birth date of deceased ~~April~~ Dec. ~~15~~ 10 1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	4	5	hr. min.

9. Birthplace Sangamon Co Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Montezuma A. Morris
13. Birthplace Sangamon Co Ill. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth W. Ward
15. Birthplace Sangamon Co Ill. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Nellie Reed

(b) Address Gilman City Mo Rural

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof April 15-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Gilman A.R.A.M. cemetery

18. (a) Signature of funeral director W. D. Haines

(b) Address Gilman City Mo.

19. (a) 5-4-1942 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 8, 1942 to April 15, 1942 that I last saw her alive on April 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	8 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. WALKER (~~M.D.~~ or other) D.O.

Address GILMAN City Date signed 5-4-42

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(Licensed Embalmer's Statement on Reverse Side)

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 W D Haines, Registered Apprentice No. ....., working under my personal supervision.

Signed W D Haines

Licensed Embalmer No. 942

P. O. Address Gilman City 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.