. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

26
5
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20969

State File No. _____

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 165

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St Marys Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town California - Mo 1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James Everett Ford

3. (b) If veteran, name war 770

3. (c) Social Security No. 770

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Grace Ford

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April (Month) 5 (Day) - 1880 (Year)

8. AGE: Years 62 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Insurance

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

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

16. (a) Informant J E Ford, Jr.
(b) Address California Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Galt Mo

18. (a) Signature of funeral director Boulin Funn Home
(b) Address California, Mo.

19. (a) 6-30-42 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 30 day June 30 1942 year 1942 hour _____ minute 6 a M.

21. I hereby certify that I attended the deceased from June 1 1942, 19__, to June 30, 1942 that I last saw her alive on June 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Due to Parenchymatous Nephritis 6 Mo

Due to Hypertrophied Prostate

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

Major findings:
Of operations _____
Of autopsy _____

131

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 R Aldridge (M. D. or other)
Address J C Mo Date signed 6/30/42

844

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, 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.