No. 1-4-17-39
X26390

EPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26937

Registration District No. 68 — Primary Registration District No. 5269 — Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County: Christian
(b) City or town: Sparta R.R. McCracken Twp.
(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 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Christian 22
(c) City or town: Sparta, Mo. R.R.
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary Minnie Ford

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex: F 1 — 5. Color or race: W. — 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Jess Ford — 6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: Jan. (Month) 5 (Day) 1869 (Year)

8. AGE: Years 73 — Months 6 — Days 28 — If less than one day ..... hr. ..... min.

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

10. Usual occupation: House Keeper

11. Industry or business: .....

FATHER
12. Name: George Nix
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hester Shipman
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Jess Ford
(b) Address: Sparta Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Sparta Cemetery

18. (a) Signature of funeral director: T. B. Chaffin
(b) Address: Ozark, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd year 1942 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from July 20 July 27 1942 to Aug 3 1942 that I last saw her alive on Aug 2 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative heart disease with decompensation	yrs.
Due to	
Due to	
Other conditions: Chronic nephritis — (Include pregnancy within 3 months of death) Senility	yrs.

Major findings:
Of operations .....
Of autopsy ..... 131 b

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 D Roper (M. D. or other)
Address: Ozark Mo. Date signed 8-19-42

1279

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 942-1320
Date Filed SEP 8 1942

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.

E. No. 2B
1—8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26937

Registration District No. 68 Primary Registration District No. 5269 Registrar's No. 20

1. PLACE OF DEATH:

(a) County: Christian

(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 years, months or days)
In this community: 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State ____ (b) County ____

(c) City or town ____
(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 ____

3. (a) PRINT FULL NAME: Mary M. Ford

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: ____

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: Jan 5 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 28 If less than one day ____ hr. ____ min.

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

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant ____
(b) Address ____

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____

18. (a) Signature of funeral director ____
(b) Address ____

19. (a) Aug 31, 1942 (Date received by local registrar) (b) Mrs Mallon Stine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1942 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw h____ alive on ____ 19____; and that death occurred on the date and hour stated above.

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

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 ____ (M. D. or other)
Address ____ Date signed ____

SUPPLEMENTARY