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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township) CATAA
(c) Name of hospital or institution: Burge Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 1/2 Days (Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney
(c) City or town Hollister (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dwight Ray Ford

3. (b) If veteran, name war None

3. (c) Social Security No. 486-07-3319

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1942 hour 8:00 minute _____ P. _____ M. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Reeva
6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased: July (Month) 29 (Day) 1878 (Year)

21. I hereby certify that I attended the deceased from August 5 1942 to August 6 1942 that I last saw him alive on August 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Duration 7/31/42

8. AGE: Years 64 Months 0 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Insurance Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Ford
13. Birthplace Don't Know Illinois (City, town, or county) (State or foreign country)
14. Maiden name Mary Thrush
15. Birthplace Don't Know Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth D. Ford (Son)

(b) Address Kansas City Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/7/ 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield Missouri

19. (a) 8-7-42 (Date received local registrar) (b) S. W. Haudley (Registrar's signature)

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? _____

23. Signature Paul B. Webb (M. D. or other) _____
Address Springfield Mo. Date signed 8/7/42

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

Wayne Shinkle

Licensed Embalmer No.

23449

P. O. Address

Springfield, 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.

X