

FILED DEC 11 1942
Registration District No. 209

Primary Registration District No. 5255

Registrar's No. 135 19 20

35
03
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town West Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Mo. State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1655 days
(Specify whether years, months or days)
In this community 1655 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney
(c) City or town Reuter
(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

Wilma Ford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased June 28 1923
(Month) (Day) (Year)

8. AGE: Years 19 Months 4 Days 27 If less than one day
hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Herry Ford

13. Birthplace Taney Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Acta Shrum

15. Birthplace Taney Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Em. Michael Reed Clerk

(b) Address Mo State San. West Vernon Mo

17. (a) Reur (b) Date thereof 11/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reuter Mo

18. (a) Signature of funeral director Marie L. Welch

(b) Address Brown Mo

19. (a) 11/20/42 (b) Audy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1942 hour 12:26 minute 10 - M.

21. I hereby certify that I attended the deceased from June 27 1938 to Nov 19 1942
that I last saw her alive on Nov 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration abt 4 yrs.

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Ether E. Coffman (M. D. or other)
Address Mo State Sanatorium Date signed 11-19-42

RECEIVED

District Health Officer No. 6,

District File Number 1242-1718

Date Filed DEC 9 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.....

Embalmed

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

working under my personal supervision.

Signed *Minnie L. Wheelchel*.....

Licensed Embalmer No. *2277*.....

P. O. Address *Brunson 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.