

FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1448

Do not use this space.

1. PLACE OF DEATH

(a) County BARRY Registration District No. 11
 (b) Township 3rd Primary Registration District No. 5041 Registered No. 124
 (c) City Cassville (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME F. J. O'Ford

(a) Residence, No. County Farm St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl Green O'Ford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20-1887</u>		
7. AGE	YEARS	MONTHS
<u>55</u>	<u>55</u>	<u>9</u>
		11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Haberer</u>		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parry, Mo.</u>		
FATHER	13. NAME <u>L. O'Ford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waynesville, Ga.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Jane Colton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waynesville, Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Jake O'Ford, Cassville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sparks Cemetery</u> DATE <u>1-2-43</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>M. D. Hoan, Cassville, Missouri</u>		
20. FILED <u>Jan 9-1943</u> <u>Grace Williams</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31, 1942
 22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1942, to Dec 31, 1942.
 I last saw him alive on Dec 31, 1942. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic & Unspecified Congestion of Lungs
Probable Pulmonary Tuberculosis - no X-Ray or previous diagnosis
 Other contributor causes of importance:
Undernourished & Alcoholic

Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) W. R. M. & Chuse M. D. O.
 (Address) Cassville 1/1/43

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 143-75

Date Filed JAN 20 1943

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 John E. Myers
Licensed Embalmer No. 3220
P. O. Address Cassville, 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, above space should be left blank.