

S. No. 2
-9-4-41
5-17-39
P 1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34708

State File No.

Registrar's No.

FILED NOV 8 1948 28

Registration District No.

Primary Registration District No.

2000

867

1. PLACE OF DEATH

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
720 Kearney St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 720 Kearney St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Lillian Ford

3. (b) If veteran, name war.

None

3. (c) Social Security No.

None

4. Sex Female 5. Color or race Col.

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

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

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

7. Birth date of deceased January 22 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 29
If less than one day hr. min.

9. Birthplace unk. Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business Widow

12. Name Ellis A. Brown

13. Birthplace unk. Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Phoda A. Hitchcock

15. Birthplace unk. Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. England

(b) Address 577 E. St. Louis

17. (a) Burial (b) Date thereof Oct 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Memorial Cem.

18. (a) Signature of funeral director W. P. Campbell

(b) Address 867 Washington, Spfld. Mo.

19. (a) 10-22-43 (b) W. E. Haulley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21st
year 1943 hour 12 M.H. minute M.

21. I hereby certify that I attended the deceased from Oct 7th
1943, to Oct 21st, 1943,
that I last saw her alive on Oct 20th, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Choleraemia Edema Duration 2-3 days

Due to Hypertensive Heart Disease With Decompensation 2-3 months

Due to Essential Hypertension
Other conditions Chronic pyelitis, Cholelithiasis, ch. pancreatitis
(Include pregnancy within 6 months of death)

Major findings: Of operations 131P
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) (e) Means of injury
23. Signature R. E. Jenkins (M. D. or other) M.D.
Address 305 1/2 College St. Spfld. Mo. Date signed 10-22-43

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

9
2
6

984

(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.....

W. P. Campbell

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

working under my personal supervision.

Signed.....

W. P. Campbell

Licensed Embalmer No.....

1747

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.