No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41936

FILED JAN 15 1944

Registration District No. 81 | Primary Registration District No. 4407 | Registrar's No. 69

20 / 0

1. PLACE OF DEATH:
(a) County: CEDAR
(b) City or town: EL DORADO SPRINGS
(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: — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CEDAR
(c) City or town: EL DORADO SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No.: 311 SOUTH GRAND AVE.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: JAMES R FORD
3. (b) If veteran, name war: —
3. (c) Social Security No.: NONE
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MATTIE FORD
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: JULY (Month) 27 (Day) 1859 (Year)
8. AGE: Years 84 Months 4 Days 25 If less than one day hr. min.
9. Birthplace: (City, town, or county) KY (State or foreign country)
10. Usual occupation: REAL ESTATE AGENT
11. Industry or business:
FATHER
12. Name: JOHN FORD
13. Birthplace: (City, town, or county) KY (State or foreign country)
MOTHER
14. Maiden name: POLLY BROWN
15. Birthplace: (City, town, or county) KY (State or foreign country)
16. (a) Informant: Mrs Mattie Ford
(b) Address: 311 S. Grand ave. El Dorado Springs Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC 24 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: CITY (Cemetery)
18. (a) Signature of funeral director: Quinn Siders
(b) Address: El Dorado Springs Mo
19. (a) 12-24-43 (Date received local registrar) (b) L. L. Plumaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1943 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from Dec 17 1943 to Dec 22 1943; that I last saw him alive on Dec 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency — Duration
Broken Compensation
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: G2P
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: J. L. Dawson (M. D. or other)
Address: El Dorado Sp'g's, Date signed 12/24/43

1046

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 7

District File Number 12-43-15-08

Date Filed 1-12-44

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 [signature]

Licensed Embalmer No. 2034

P. O. Address Edgewood Springs 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.