

FILED SEP 7 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3427

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Ram City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1805 Montgall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Ram City
(If outside city or town limits, write "RURAL")

(d) Street No. 1805 Montgall
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Sarah E Ford

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1944 hour _____ minute _____ M.

4. Sex fe / 5. Color or race W

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

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

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

7. Birth date of deceased May 6 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____

that I last saw h alived Deputy Coroner, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 84 Months 3 Days 9
If less than one day hr. _____ min. _____

Coronary Arteriosclerosis

Due to _____

Due to _____

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

MOTHER FATHER

11. Industry or business same

12. Name John Fivos

13. Birthplace Uniontown, Pa
(City, town, or county) (State or foreign country)

14. Maiden name Vina Whitney

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

Of operations _____

Of autopsy inspection & history

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Frances Dorkstadt

(b) Address 1805 Montgall

17. (a) removed (b) Date thereof 8/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prin O Kln

18. (a) Signature of funeral director Dubin-Magberry

(b) Address 2315 Lincoln

19. (a) 8-29-44 (b) T. E. Brown (N3)
(Date received by registrar) (Registrar's signature)

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 A. E. Usher (M. D. or other) MO

23 May Date signed 8/29/44

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

45
3
3

190 0200

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 Ray E Snow

Licensed Embalmer No. 2560

P. O. Address KC 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.