S. No. 2
M—1-4-41
v. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37761

Primary Registration District No. 2000

Registrar's No. 944

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

**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: 1532 N. Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (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 Mo (If outside city or town limits, write "RURAL")

(d) Street No. 1532 N. Missouri (If rural, give location)

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

If yes, name country U

3. (a) PRINT FULL NAME James E. Ford

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased July (Month) 21 (Day) 1876 (Year)

8. AGE: Years 68 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Alma Arkansaw (City, town, or county) (State or foreign country)

10. Usual occupation Retired Jewlerman

11. Industry or business

FATHER
12. Name William Ford
13. Birthplace Unknown (City, town, or county) Unk (State or foreign country)

MOTHER
14. Maiden name Unknown Price
15. Birthplace Unknown (City, town, or county) Unk (State or foreign country)

16. (a) Informant Zona Ford

(b) Address Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem.

18. (a) Signature of funeral director Fred E. Thieme

(b) Address 1100 Boonville St., Spfd. Mo.

19. (a) Dec 1-44 (Date received local registrar) (b) O W E Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 30 year 1944 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from October 17, 1944, to Dec 29, 1944; that I last saw him alive on Dec 29, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion

Due to Cerebral Hemorrhage

Due to Hemiplegia

Other conditions Bed fast 4 years (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 N. H. Thomas (M. D. or other)

Address Landon Bldg, Spfd, Mo. Date signed 12/1/44

(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.....

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

working under my personal supervision.

Signed Fred C. Phieme

Licensed Embalmer No. 2899

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.**