

No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38142

State File No. _____

FILED DEC 8 1944

Primary Registration District No. 5637

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Rural Wellington
(c) Name of hospital or institution: Clayburg
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Several years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Rural Wellington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1944 hour 9:25 PM minute _____ M.
21. I hereby certify that I attended the deceased from Nov. 11, 1944 to Nov. 20, 1944
that I last saw her alive on Nov. 20, 1944
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Josephine Ford

3. (b) If veteran, name war Np 3. (c) Social Security No. No

4. Sex Female 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Ford 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 15, 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Odessa, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Same

MOTHER FATHER { 12. Name Issac Alumbaugh
13. Birthplace Odessa, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ella Nickelson
15. Birthplace Odessa Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Ford
(b) Address Wellington, Missouri

17. (a) Burial (b) Date thereof 11/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington City Cemetery

18. (a) Signature of funeral director Everett Funeral Home
(b) Address Wellington, Missouri

19. (a) Nov-27-1944 (b) Miss W. Baker
(Date received local registrar) (Registrar's signature)

Immediate cause of death Asphyxia

Due to Pernicious Anemia

Due to _____

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

Major findings: Of operations A3a
Of autopsy _____

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) (e) Means of injury _____

23. Signature D. K. Kirby (M. D. or other) NO
Address Wellington, MO Date signed 11/21

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1944

RECEIVED
District Health Officer No. 84
District File Number
Date Filed 12-7-44

DEC 11 1944

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 *W. Roy Ewen*

W. Roy Ewen
Licensed Embalmer No. 4305

P. O. Address Wellington, Missouri

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.