

FILED FEB 6 1945

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **237**

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

1. PLACE OF DEATH:

(a) County: Jackson
 (b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 21 days
(Specify whether years, months or days)
 In this community 78 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
 (c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No.: 4909 Bellefontaine
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME: Miss Susan Ford
PETITBONE

3. (b) If veteran, name war: No 3. (c) Social Security No.: NONE

4. Sex: FEMALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: SINGLE
 6. (b) Name of husband or wife: --- 6. (c) Age of husband or wife if alive: --- years
 7. Birth date of deceased: NOVEMBER-13-1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>2</u>	<u>2</u>	hr. <u>---</u> min. <u>---</u>

9. Birthplace: WOODVILLE MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation: RETIRED REPORTER

11. Industry or business: R. G. DUNN & COMPANY

MOTHER FATHER { 12. Name: RALPH A. FORD
 13. Birthplace: MISSISSIPPI
(City, town, or county) (State or foreign country)
 14. Maiden name: SARAH BRANDON
 15. Birthplace: MISSISSIPPI
(City, town, or county) (State or foreign country)

16. (a) Informant: MRS. VICTORIA SOUTHARD

(b) Address: 4909 BELLEFONTAINE AVENUE

17. (a) BURIAL (b) Date thereof: JAN-17-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: FOREST HILL CEM.

18. (a) Signature of funeral director: D. H. Newcomer

(b) Address: 1401 BRUSH CREEK BLYD.

19. (a) 1-16-45 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
 year 1945 hour 4 minute A. M.
 21. I hereby certify that I attended the deceased from Nov. 24 1944 to Jan. 15 1945
 that I last saw her alive on Jan. 15 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Duration

Due to: ---

Due to: ---

Other conditions: ---
(Includes pregnancy within 3 months of death)

Major findings: ---
 Of operations: ---

Of autopsy: See above

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? --- Means of injury: ---

23. Signature: A. E. Usher (M. D. or other) ---
 Address: Med. Dir. Gen'l Hosp. Date signed: 1-15-45

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.