DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1945

Registration District No. 77

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5691

Primary Registration District No. 3008

Registrar's No. 34

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 MV
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 22 days (Specify whether
In this community: 22 days
years, months or days)

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.: 2533 Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Daisy Ford

3. (b) If veteran, name war: No

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: [illegible]

6. (c) Age of husband or wife if alive: [illegible] years

7. Birth date of deceased: 8 (Month) 19 (Day) 1896 (Year)

8. AGE: Years 48 | Months 5 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace: Topeka (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Beautician

11. Industry or business: Self

MOTHER FATHER

12. Name: Milton Burnett

13. Birthplace: Nashville (City, town, or county) Tennessee (State or foreign country)

14. Maiden name: Martha Washington

15. Birthplace: Nashville (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Emma Rodgers
(b) Address: R. R. #1 Bethel, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City

18. (a) Signature of funeral director: Jones Funeral Home
(b) Address: 446 Olive

19. (a) 1-31-1945 (Date received local registrar) (b) H. E. McLaughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 22
year: 1945 hour: 1-45 minute: P. M.

21. I hereby certify that I attended the deceased from 1-21-, 1945, to 1-22-, 1945, that I last saw him alive on 1-22-, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: General Paresis

Due to:

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

Major findings:
Of operations: 30 lb
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: George W. Reeves M.D. (M.D. or other)
Address: Fulton Mo Date signed: 1-22-45

(Licensed Embalmer's Statement on Reverse Side)

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

MAR - 8 1945

RECEIVED
District Health Officer No. 9

District File Number

Date Filed 3-6-45

41
2
43

46
2
48

39 38
10
48

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 Eugene English

Licensed Embalmer No. 4106

P. O. Address 4400 State Line

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. 2B
5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Daisy Ford
3. (b) If veteran, name war C
3. (c) Social Security No.
4. Sex F
5. Color or race C
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 18 (Day) 1898 (Year)
8. AGE: Years 48 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1-31 1945 (Date received local registrar) (b) Josie Mossinkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 22 day year 1945 at hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-5691 1945