S. No. 2
OM—5-43
v. 5-17-39
a I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6363

Registration District No. 157 Primary Registration District No. 5682 Registrar's No. 35

900

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town ~~Carthage~~ Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. County Farm
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William F. Ford
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 4 (Month) 1869 (Day) (Year)

8. AGE: Years 75 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Knoxville (City, town, or county) Tenn 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Thomas Ford
13. Birthplace Nashville (City, town, or county) Tenn. 1 (State or foreign country)
MOTHER 14. Maiden name Amelia Jefferies
15. Birthplace — (City, town, or county) Tenn. 1 (State or foreign country)
16. (a) Informant County Records
(b) Address Carthage Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 '45 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Hurlbut Undertaking Co.
(b) Address Joplin, Mo.
19. (a) Feb. 13 '45 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1945 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from Nov 13, 1944 to Feb 11, 1945 that I last saw him alive on Feb 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General paralysis	15 yrs
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 R. Webster (M. D. or other)
Address Carthage Mo Date signed Feb 13 45

1203 (Licensed Embalmer's Statement on Reverse Side)

45-2-198

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 Donald S. Blue, Registered Apprentice No. 377, working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin, 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.