

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20035**
Registrar's No. **15**

JUL 9 1945

Registration District No. **5181**

Primary Registration District No. **5181**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural Apple Creek T.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile South Oak Ridge near
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Cape Gir 16

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. South Oak Ridge near
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROYAL ERNEST FORD

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3
year 1945 hour 10 minute 5 P.M.

21. I hereby certify that I attended the deceased from March 7, 1945 to May 30, 1945
that I last saw h. i. m. alive on May 30, 1945
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Groce Jewel Ford

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct 22, 1894
(Month) (Day) (Year)

Immediate cause of death Pulmonary stenosis

Due to metastatic lympho sarcoma

Due to myo. infarct.

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

8. AGE: Years 50 Months 7 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace near Oak Ridge Mo
(City, town, or county) (State or foreign country)

10. Usual occupation School teacher & farmer

11. Industry or business _____

12. Name A. D. Ford

13. Birthplace near Oak Ridge Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Godwin

15. Birthplace near Oak Ridge Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Nelie Louise Ford

(b) Address Oak Ridge Mo.

17. (a) Burial (b) Date thereof 6-5-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. Miller

(b) Address Jackson

19. (a) 6-6-45 (b) Henry W. [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations 55

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury car

23. Signature Delbert [Signature] (M. D. or other) MD
Address Jackson Mo Date signed 6-5-45

RECEIVED

District Health Officer No. 4
District File Number 745-827
Date Filed 7-7-45

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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.