

FILED AUG 20 1945

Registration District No. _____ Primary Registration District No. 5423

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Sensath - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Salem Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Sensath Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES BORAN FORD

3. (b) If veteran, name war L 3. (c) Social Security No. 489-14-9223

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ZUA MAY FORD 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 8 15 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace KENNETT (City, town, or county) MO (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business _____

12. Name DAVID FORD

13. Birthplace _____ (City, town, or county) TENN (State or foreign country)

14. Maiden name NATTIE ALLEN

15. Birthplace DONT KNOW (City, town, or county) GA (State or foreign country)

16. (a) Informant Zua May Ford

(b) Address Sensath MO

17. (a) Burial (b) Date thereof 8-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sensath Mo.

18. (a) Signature of funeral director McDaniel Funeral Dir

(b) Address Sensath Mo

19. (a) 8/16-1945 (b) Bill Steery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1 year 7 hour _____ minute P M.

21. I hereby certify that I attended the deceased from Aug 1, 1945, to Aug 1, 1945; that I last saw him alive on dead on arrival 1945; and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis 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? _____

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

23. Signature Robert B. Martin (M. D. or other)

Address Sensath Mo Date signed 8-4-45

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

MOTHER, FATHER

AUG 23 1948

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 Arthur J. M. Daniel

Licensed Embalmer No. 2093

P. O. Address Senath 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.