

No. 2  
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5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

27705

FILED SEP 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

Registration District No. 168

Primary Registration District No. 4257

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Leeton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Johnson Leeton  
(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 FRANCIS HENRY FORD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced marital  
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased 9 - 1 - 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 28 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Wright Ford

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

14. Maiden name Marta Griffith

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Ford

(b) Address Leeton Mo

17. (a) Burial (b) Date thereof 8-31-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leeton, Mo

18. (a) Signature of funeral director Clifton W. Bradley

(b) Address Leeton Mo

19. (a) 8-31-45 (b) Nellie Bradley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29  
year 1945 hour \_\_\_\_\_ minute 30 P. M.

21. I hereby certify that I attended the deceased from June 12 1945 to Aug 29 1945;  
that I last saw him alive on Aug 5 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Dangerous left foot Duration 2 mo.

Due to Generalized Arteriosclerosis Urban

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

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 S. S. Bradley, M. D. (M. D. or other) \_\_\_\_\_

Address Leeton Mo Date signed 8/31/45

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

**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.....

Licensed Embalmer No. *3478*

P. O. Address. *Clinton, 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.**