S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 22 1945

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27767

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 81

**1. PLACE OF DEATH:**

(a) County: Lawrence
(b) City or town: Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 323 West Pleasant
(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: 20 yr

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Lawrence 55
(c) City or town: Aurora 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 323 W Pleasant 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) n
If yes, name country

3. (a) PRINT FULL NAME: Mary Lou Ford

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F 1

5. Color or race: W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Aug (Month) 23 (Day) 1863 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 81 | 11 | | hr. min. |

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Alvin Jones
13. Birthplace: unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Mary Price
15. Birthplace: unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Harry Ford
(b) Address: Aurora Mo

17. (a) Aurora (Burial, cremation, or removal) (b) Date thereof: 7/24/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Paris Texas

18. (a) Signature of funeral director: Oscar Marsh
(b) Address: Aurora Mo

19. (a) 7-24-45 (Date received local registrar) (b) Eunice Greene (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: July day: 23 year: 1945 hour: 6 minute: 35 A.M.

21. I hereby certify that I attended the deceased from June 20, 1945, to July 23, 1945, that I last saw her alive on July 21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Epilepsy

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: W. P. Herron (M. D. or other)
Address: Aurora Mo. Date signed: July 24 '45

1156 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 845.894
Date Filed AUG 20 1945

**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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar Marsh

Licensed Embalmer No. 3812

P. O. Address Verona 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.**