

No. 2
-8-43
17-39
X37823

FILED JAN 11 1946
Registration District No. 32

Primary Registration District No. 40421

Registrar's No. 58 40464

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CAPE GIRARDEAU
(c) City or town PUTZEL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR WHITEWATER
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26th
year 1945 hour 12:00 minute 25 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him in a bed
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
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)
(c) Means of injury 3

23. Signature John J. Hyman
Address Putzelle Date signed 1/1/46

3. (a) PRINT FULL NAME EDGAR FRANKLIN FORD
3. (b) If veteran, name war C
3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife LOTTIE FORD
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased OCT. 12 1891
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace CAPE GIRARDEAU CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER }
12. Name GEORGE FORD
13. Birthplace WHEELING WEST VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name THRESSA WALLER
15. Birthplace WAYNE CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant LOTTIE FORD
(b) Address WHITEWATER, MO.

17. (a) BURIAL (b) Date thereof DEC. 28 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BANKERS CEM.

18. (a) Signature of funeral director BAKER FUNERAL HOME
(b) Address LUTESVILLE, MO

19. (a) Dec. 31 45 (b) Melba H. Dawlamburgh
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 4
District File Number 146-1587
Date Filed 1-9-46

APR 16 1946

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. E. 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.)