

No. 2
-8-43
-17-39
X37823

FILED JAN 3 1946
Registration District No. **46**

Primary Registration District No. **4063**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Hamilton
(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 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Hamilton
(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 Margret Ford

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1945 hour 10 minute 0 P.M.

21. I hereby certify that I attended the deceased from
Nov 22 1945 to Nov 25 1945
that I last saw her alive on Nov 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis

Duration _____

4. Sex Female

5. Color or race White

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

(b) Name of husband or wife John T Ford

6. (c) Age of husband or wife if alive 84 years 11 months 1859

7. Birth date of deceased May (Month) 11 (Day) 1859 (Year)

Due to A fall

Due to _____

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

8. AGE: Years 86 Months 6 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace on Boston Med Ocean Atlantic Ocean
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas France

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

14. Maiden name Wheeler
(City, town, or county) (State or foreign country)

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

MOTHER FATHER

16. (a) Informant J. T. Ford

(b) Address Hamilton Mo

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

(c) Place: burial or cremation Boys Hill Cem. Lamar, Mo.

18. (a) Signature of funeral director Bran F. Howe

(b) Address Hamilton Mo

19. (a) Dec 4/45 (Date received by registrar) (b) Bladys Jones (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) (a) Means of injury _____

23. Signature Lee J. Gads (M. D. or other) _____
Address Hamilton Mo Date signed 11-26-45

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

JAN 22 1953

JAN 13 1953

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 R. J. Brown

Licensed Embalmer No. 3057

P. O. Address Hamilton, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 46

Primary Registration District No. 4063

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Baldwell
(b) City or town Hamilton
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Margaret Ford

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased May 11 1860

8. AGE: Years 86 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1

(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy _____ ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident

(b) Date of occurrence _____

(c) Where did injury occur? Hamilton, Caldwell, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? She'll in her home at night

While at work? no (Specify type of place) (e) Means of injury On floor

23. Signature Lee J. Gads (M. D. or other)

Address Hamilton, Mo. Date signed 1-10-46

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

SUPPLEMENTARY

40705