

FILED FEB 15 1946

Registration District No. 27Primary Registration District No. 427Registrar's No. 44

1. PLACE OF DEATH:

- (a) County Holt Mo
 (b) City or town Craig Mo
 (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 50 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME

Tom Ford

8. (b) If veteran, name war
- None

8. (c) Social Security No.
- None

4. Sex
- Male

5. Color or race
- White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased
- July 28, 1852
-
- (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

9360

hr.

min.

9. Birthplace

Boone County Iowa
(City, town, or county)1
(State or foreign country)

10. Usual occupation

Retired laborer

11. Industry or business

12. Name

Benjamin Ford

13. Birthplace

Unknown
(City, town, or county)New Jersey
(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown
(City, town, or county)Ind. 1
(State or foreign country)

16. (a) Informant's own signature

Mrs. Hayes Ford

(b) Address

Craig, Mo17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof

Jan. 31, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation

D.P.D.F.

18. (a) Signature of funeral director

Wilber L. Scholer

(b) Address

Craig, Mo.19. (a) 1-300 (16)
(Date received local registrar)J. C. Young

Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Holt 44
 (c) City or town Craig, Mo 69
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Jan
- day
- 28
-
- year
- 1946
- hour
- 8
- minute
- 20
- P.M.

21. I hereby certify that I attended the deceased from
- Jan 15
-
- 1946
- to
- Jan 28
- , 19
- 46
-
- that I last saw him alive on
- Jan 28
- , 19
- 46
-
- and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia from
Chronic Nephritis

Duration

Due to _____

Due to Arterio Sclerosis, years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

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 6
 (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
- Joe Cherry
- (M. D. certifier)
-
- Address
- Wendell city Mo
- Date signed
- 1-27-46

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *Wilber L. Schooler*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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, above space should be left blank.