DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3984

State File No.

X35697

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 223

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

2001

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Height (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: nil 8114 Dumas / (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 91

(c) City or town Richmond Height R.R.1 (If outside city or town limits, write "RURAL") 8

(d) Street No. 8114 nil Dumas (If rural, give location) 3

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Jack FOrd

3. (b) If veteran, name war

3. (c) Social Security No. 497-07-8926

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced ~~[illegible]~~ /

6. (b) Name of ~~husband or~~ Corner Law wife Rhodia McGOWAN

6. (c) Age of ~~husband or~~ wife if alive 39 years

7. Birth date of deceased 3/ 25/ 1904 (Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 25 If less than one day hr. min.

9. Birthplace San Antonia (City, town, or county) Texas / (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name unkown
13. Birthplace unkown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unkown
15. Birthplace unkown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Rhodia ~~Ford~~ McGowan

(b) Address 8114 Dumas Av.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/26/45 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. C. Lewis

(b) Address 22 Euclid Webster Groves

19. (a) 1-25-46 (Date received local registrar) (b) E. G. McGarrant MD (Registrar's signature) 2SQ

707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1946 hour 1 a.m minute M.

21. I hereby certify that I attended the deceased from 19 , to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Shotgun wound of right side of abdomen

Due to Justifiable homicide

Due to 166

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

Duration

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) Justifiable Homicide

(b) Date of occurrence Jan. 20, 1946

(c) Where did injury occur? Richmond Hts St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury shotgun

23. Signature Arnold J. Willmann ~~(M. D. or other)~~ Coroner

Address Clayton Mo Date signed 1-23-46

(Licensed Embalmer's Statement on Reverse Side)

V. S. No. 2
100M—2-43
Rev. 5-17-30

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. C. Pierce

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.