S. No. 2
I—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3780

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4764

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 9

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 50 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell 13

(c) City or town Hamilton 1 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John T. Ford

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margret Ford

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

7. Birth date of deceased Oct (Month) 26 (Day) 1861 (Year)

8. AGE: Years 84 Months 2 Days 27 If less than one day ✓ hr. ✓ min.

9. Birthplace Murraysville (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Farming Retired

11. Industry or business Minister of the Gospel

FATHER
12. Name John Ford
13. Birthplace (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Mary Whitworth
15. Birthplace (City, town, or county) England (State or foreign country) 4

16. (a) Informant Mrs Arthur Sackett

(b) Address Hamilton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 25 (Day) 1946 (Year)

(c) Place: burial or cremation Highland Cem. Hamilton, Mo.

18. (a) Signature of funeral director Brown Funeral Home

(b) Address Hamilton Mo

19. (a) Feb 4/46 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1946 hour 12 N minute ✓ M.

21. I hereby certify, that I attended the deceased from Jan 14, 1946 to Jan 23, 1946 that I last saw him alive on Jan 22, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis	
Due to Abscess in ear, Mastoid and developed meningitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

8/0

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 0

23. Signature [illegible] (M. D. ~~[illegible]~~)

Address Hamilton, Mo Date signed 1-25-46

37 (Licensed Embalmer's Statement on Reverse Side)

JUL 22 1946

APR 11 1946

APR 11 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 P. J. [illegible]

Licensed Embalmer No. 3857

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.