

FILED MAR 12 1946

State File No. _____

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 62

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL, St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 7 mos. 21 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 94
(c) City or town Senath RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TOMMY DAVID FORD

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

4. Sex Male 0 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased April 24, 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 14
If less than one day hr. _____ min. _____

9. Birthplace Kennett Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name David A. Ford

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

14. Maiden name Mattie Allen

15. Birthplace Kennett Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof Feb. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem., Farmington, Mo.

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

(b) Address Farmington, Missouri

19. (a) Feb. 14, 1946 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1946 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 17, 1943, 19____, to Feb. 8, 1946, 19____;
that I last saw him alive on February 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the Brain
Duration 3 yrs

Due to _____

Due to _____

Other conditions 30 lb
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No 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) (e) Means of injury 0

23. Signature Ether Rudloff (M. D. or other) _____
Address Farmington, Mo. Date signed 2/9/46

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

74

5863

Health Officer No. 4
File Number 246-1853
Dated 3-11-46

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 not
embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed Paul K. Deegal
Licensed Embalmer No. 4120
P. O. Address Farmington 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.