

No. 2
5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16642

State File No. _____

FILED MAY 27 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2210

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
435 So. Kensington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 3 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 435 So. Kensington 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Rosalie Gay Ford

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Byron M.

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

7. Birth date of deceased March 14, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>1</u>	hr. _____ min.

9. Birthplace Pierceton Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

12. Name David Weidner

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Martha Phillipa

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Horner

(b) Address 435 So. Kensington

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

(c) Place: burial or cremation Los Angeles, Calif.

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Independence

19. (a) 5-17-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-28-44
1944 to 5-15-46 1946
that I last saw her alive on May 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma Chronic nephritis
Senility & Cerebral Hemorrhage 2 yrs.
Duration

Due to _____

Due to _____

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

Major findings:
Of operations 1315

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 _____

(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 [Signature] (M. D. or other) _____
Address [Address] Date signed 5-16-46

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

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 *Clarence W. Chiles*.....

Licensed Embalmer No. *3473*.....

P. O. Address *16 E 760*.....

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.