

FILED MAY 19 1947

Registration District No. 267

Primary Registration District No. 3048

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville, Mo.
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours
In this community 65 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 132 South Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME JAMES ANDREW FORD

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Olie Ford (Deceased) 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased December 20 1860
(Month) (Day) (Year)

20. DATE OF DEATH: Month May day 5th
year 1947 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from not
May 4, 1947, to May 5, 1947
that I last saw him alive on May 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-cranial hemorrhage
Due to bullet wound thru skull

Duration 13 hrs.

8. AGE: Years 86 Months 4 Days 15
If less than one day hr. - - - min.

Other conditions skull fracture
(Include pregnancy within 3 months of death)

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

10. Usual occupation Horse Buyer-Retired

11. Industry or business None

12. Name Elijah Weaver Ford

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

14. Maiden name Catharine McLain

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

16. (a) Informant Mrs. Joseph Jackson, Sr.

(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof 5/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

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

(b) Address 120 East 1st, Maryville, Mo.

19. (a) 5-10-47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 1640
Of autopsy 1640

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) suicide

(b) Date of occurrence 5-4-47

(c) Where did injury occur? Maryville Nodaway Mo
(City or town) (County) (State)

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

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

23. Signature H.C. Bauman (M. D. or other) MD
Address 132 S. Main Maryville Date signed 5/6/47

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

74
1
2

JUN 4 1947

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John W. Price
Licensed Embalmer No. 4284
P. O. Address Maryville 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.