

S. No. 2  
DM-8-43  
v. 5-17-39  
I X37829

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33964**

FILED OCT 25 1947

Registration District No. 77

Primary Registration District No. 3012

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Excelsior Springs Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 hrs  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24  
(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 710 Old Orchard  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LINDA RAE FORD

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 24, 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day Baby 19 hrs min.

9. Birthplace Excelsior Springs, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Paul Ford  
13. Birthplace Liberal Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Marjorie Moore  
15. Birthplace Holt Mo.?  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Ford  
(b) Address 710 Old Orchard

17. (a) Burial (b) Date thereof Sept 26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo.  
18. (e) Signature of funeral director Virgil Hope

(b) Address Excelsior Springs, Mo.

19. (a) 9/26/47 (b) Charles Hultine  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day Sept  
year 1947 hour 10:50 minute A. M.  
21. I hereby certify that I attended the deceased from 24 Sept  
1947 to 25 Sept 1947  
that I last saw her alive on 20 Sept 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction of Fatty  
Due to Arteriosclerosis  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 159  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(c) 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 no  
23. Signature [Signature] (M. D. or other) MD  
Address Excelsior Springs Date signed 9/26/47

Duration minutes  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

24

RECEIVED

District Health Officer

District File Number

Date Filed

10-24-47

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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. A. Moore

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs, 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.