

FILED OCT 25 1947

State File No. \_\_\_\_\_

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 293

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Residence, 910 S. Emery  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 16 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Independence  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 910 S. Emery  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. MARY LUCY FORD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James A. Ford 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 17, 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Holland, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name Henry Price

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

14. Maiden name Susal Patrick

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

16. (a) Informant James A. Ford

(b) Address 910 S. Emery, Independence, Mo.

17. (a) Burial (b) Date thereof 10/2/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist Cemetery

18. (a) Signature of funeral director E. G. Garrison

(b) Address Independence, Mo.

19. (a) 10-15-47 (b) James A. Ford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30  
year 1947 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from 9-27-47  
to 9-30-47, 1947,  
that I last saw her alive on 9-30-47  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial decompensation  
Hypostatic Pneumonia  
Chronic Bronchial Asthma

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 95%

Of autopsy \_\_\_\_\_

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 injury) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature M. S. Wilkerson M. P. of \_\_\_\_\_  
Address Independence, Mo Date signed 10/1/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

Charles F. Tyler....., Registered Apprentice No. 411  
working under my personal supervision.

Signed Hoyd C. Carson  
Licensed Embalmer No. 4199  
P. O. Address Indep 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.**