No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38136

State File No.

FILED DEC 15 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5057

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

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: 3410 E. 27th Street (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 1613 Jackson Avenue (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: George FORD
3. (b) If veteran, name war: no
3. (c) Social Security No.: 487-05-0675

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced 3
6. (b) Name of husband or wife: Frankie Mallicoat
6. (c) Age of husband or wife if alive: 38 years
7. Birth date of deceased: August (Month) 23, (Day) 1904 (Year)

8. AGE: Years 43 | Months 3 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: Waverly, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Saw and Tool Sharpener
11. Industry or business: Self
FATHER
12. Name: Hiram Ford 0
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Alice Hackett 0
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Frankie Mallicoat
(b) Address: Warrensburg, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Odessa, Missouri
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 12-2-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1947 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Gunshot injury of the head

Due to .....

Due to .....

Other conditions: 1104 C
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Deputy coroner
Of autopsy: See above

Duration

PHYSICIAN

Underline the cause of 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: 11/29/47
(c) Where did injury occur? Kansas City, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3410 E. 27th St. (Specify type of place)
While at work? no (e) Means of injury: Gunshot

23. Signature: A. E. Upsher (M. D. or other) MD
Address: 2800 Main St. Date signed: 11/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K.C. 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.