

FILED JAN 5 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 428

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1901 West 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1901 West 2nd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD GEORGE FORD

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Agnes Ford 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 28, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 9 18 _____ hr. _____ min.

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

10. Usual occupation LABORER

11. Industry or business _____

12. Name Henry Ford

13. Birthplace St. Clair County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Collins

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

16. (a) Informant Roy Ford

(b) Address Sedalia, Missouri

17. (a) BURIAL (b) Date thereof 12-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo. Hilliard

(b) Address Sedalia, Mo.

19. (a) 12-17-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1947 hour 9:30 minute a M.

21. I hereby certify that I viewed the deceased from as coroner
_____ 19____, to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 5 yrs.

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

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 _____

23. Signature Dr. H. T. Kollman (M.D. or other) D.O.

Address 215 E. 8th St. Sedalia, Mo. Date signed 12/16/47

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

70
6
4

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-2-58

JAN 6 1958

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 _____

Frank S. Coffman Jr., Registered Apprentice No. 16
working under my personal supervision.

Signed John G. Cantlon
Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.