S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

351

State File No.

FILED JAN 22 1948

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 11

2
7
3

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouir (b) County Stoddard 103
(c) City or town Essex, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Billie David Ford
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Inf.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 5. (Day) 1947 (Year)

8. AGE: Years | Months 4 | Days 30 | If less than one day hr. min.

9. Birthplace Sikeston, (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name William Ford 1
13. Birthplace Marion (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Louisine Miller
15. Birthplace Canalou, (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs. Marion Ford
(b) Address Essex, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1.5. 48 (Month) (Day) (Year)
(c) Place: burial or cremation Taylor Cemetery
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.
19. (a) 1-12-48 (Date received local registrar) (b) R. B. Menetree (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1948 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Dec 31, 1947, to Jan 4, 1948
that I last saw him alive on Jan 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ~~Pro~~ Staphlococcal Meningitis
Due to Otitis media
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(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 0
23. Signature Garden Chemnickum M.D. (M.D. or other)
Address Poplar Bluff Mo. Date signed 1-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-92
Date Filed 1-19-48

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 Not embalmed, Registered Apprentice No., working under my personal supervision.

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.