S. No. 2
M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1624

Registration District No. 770 Primary Registration District No. ~~3630~~ 3032 Registrar's No.

53 1 D

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(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 years, months or days)
In this community 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Laclede 53
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Lebanon Route Star Rt. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Alma Pudle Ford
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A. E. Ford
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May (Month) 3 (Day) 1896 (Year)
8. AGE: Years 52 Months Days If less than one day hr. min.
9. Birthplace Dallas County (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name Tom Hough 0
13. Birthplace Unknown (City, town, or county) A (State or foreign country) 1
14. Maiden name Florida Jenkins
15. Birthplace Dallas County (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant A. E. Ford.
(b) Address Lebanon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Black Foot Cem
18. (a) Signature of funeral director Palmer
(b) Address Lebanon, Mo.
19. (a) Jan 17 1948 (Date received local registrar) (b) Ora Frankenberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1948 hour 10 minute 25 A.M.
21. I hereby certify that I attended the deceased from 1-11- 1948 to 1-11- 1948 that I last saw her alive on 1-11- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 20 min
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? 0
While at work? (Specify type of place) (e) Means of injury
23. Signature B. E. Farrell (M. D. or other) MD
Address Lebanon Mo Date signed 1-12-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Received 1/22/48
County Health Unit
1-48-7
Date filed 1/22/48

AUG 1 3 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 Richard L Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon Me

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.