No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3483

Primary Registration District No. 6076

Registrar's No. 148

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 months 21 days (Specify whether years, months or days)
In this community: 5 months 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Arkansas (b) County: 999
(c) City or town: Fulton 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: FORD, James
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: Unknown
4. Sex: Male 2
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Marygold
6. (c) Age of husband or wife if alive: 36 years
7. Birth date of deceased: January (Month) 10 (Day) 1888 (Year)

8. AGE: Years 59 | Months 0 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace: Fulton, (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: None
11. Industry or business:
MOTHER FATHER
12. Name: Lee Ford
13. Birthplace: - (City, town, or county) Oklahoma (State or foreign country)
14. Maiden name: Mary (Maiden name unk)
15. Birthplace: - (City, town, or county) Virginia (State or foreign country)
16. (a) Informant: Registrar
(b) Address: VA Hosp, Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hope, Arkansas
18. (a) Signature of funeral director: Chas. J. Gates
(b) Address: 4107 Finney Ave, St Louis Mo
19. (a) 1/17/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1948 hour 3:30 minute A. M.
21. I hereby certify that I attended the deceased from July 26, 1947, to January 16, 1948 that I last saw him alive on January 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive cardiovascular disease, Malignant hypertension, cardiac enlargement (left ventricular preponderance) — Duration
Due to:
Due to: 93
Other conditions: Contributory: Uremia
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: (Autopsy performed)

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? (Specify kind of business or industry) 0
23. Signature: L. E. Stillwell (M. D. or Coroner)
Address: Jefferson Barracks, Mo. Date signed: 1/16/48

Jefferson City Printing Co.

(Licensed Embalmer: Statement on Reverse Side)

SEP 26 1957

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 Guy A. Shelton, Registered Apprentice No. 3, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.