S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

Registration District No. 58

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11798

Primary Registration District No. 4091

Registrar's No. 11

1. PLACE OF DEATH:
(a) County: Carter
(b) City or town: Fremont (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: own home (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: all life

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

3. (a) PRINT FULL NAME: Joe Ellen Ford
3. (b) If veteran, name war: /
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan (Month) 2 (Day) 1947 (Year)

8. AGE: Years 1 Months 4 Days 19 If less than one day hr. min.

9. Birthplace: Fremont, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name: Lonnie Ford
13. Birthplace: Reynolds County, Mo (City, town, or county) (State or foreign country)
14. Maiden name: Lora Francis Fox
15. Birthplace: Carter County, Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Lonnie Ford
(b) Address: Fremont, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Howers Creek
18. (a) Signature of funeral director: Sofon Fewitt
(b) Address: Van Buren, Mo
19. (a) April 24-48 (Date received local registrar) (b) Mrs Octa Henson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948 hour 11 minute 40 A.M.
21. I hereby certify that I attended the deceased from Apr 5, 1948, to Apr 21 1948 that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ischemia Cardiac	
from Coronary	
Thrombosis	
Due to: Fibrillation Auricle	
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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature: J M Culin (M. D. or other)
Address: Van Buren Date signed 4-21-8

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 548312
Date Filed 5-8-48

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 Chas S. Pewitt, Registered Apprentice No. 11 working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.