

FILED APR 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12146

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 283

1. PLACE OF DEATH

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1460 St. Louis Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GREENE  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1960 St. Louis  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VERNA VIOLET FORD

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

4. Sex Female 5. Color of race White 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 71 years

7. Birth date of deceased Aug 8 1883  
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dallas Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

12. Name J. P. Stewart  
13. Birthplace Dallas Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Elizabeth (?)

15. Birthplace Dallas Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Ford  
(b) Address 1460 St. Louis, Springfield

17. (a) BURIAL (b) Date thereof 4-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery Point

18. (a) Signature of funeral director W. B. Jones  
(b) Address 1011 Mo.

19. (a) 4-5-48 (b) W. S. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2/20 1946 to April 1948  
that I last saw her alive on April 1 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 da.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: g3w  
Of operations \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ✓

23. Signature J. P. Madson (M. D. or other) ✓  
Address Springfield, Mo. Date signed 4/5/48

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

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Leonard B. Jones*  
Licensed Embalmer No. *2508*  
P. O. Address *Buffalo 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.**