

FILED AUG 3 1948

Registration District No. **74**

Primary Registration District No. **4136**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County **Clinton**  
(b) City or town **Plattsburg**  
(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 **5040**  
years, months or days)

3. (a) PRINT FULL NAME **Rufina Ellen Ford**

3. (b) If veteran, name war **x** 3. (c) Social Security No. **x**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed; married, divorced **MARRIED**

6. (b) Name of husband or wife **Smith Thomas Ford** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Nov. 20 1885**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **7** Days **21** If less than one day hr. min.

9. Birthplace **KANSAS CITY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home Keeper**

11. Industry or business

12. Name **Della Noland**

13. Birthplace **NOT KNOWN**  
(City, town, or county) (State or foreign country)

14. Maiden name **RUFINA FRY**

15. Birthplace **NOT KNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Smith Ford**

(b) Address **Plattsburg, Mo.**

17. (a) **Burial** (b) Date thereof **7/13/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill Cem.**

18. (a) Signature of funeral director **D. D. Lyon**

(b) Address **Plattsburg, Missouri**

19. (a) **July 13-48** (b) **Emmie Chadway**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton**  
(c) City or town **Plattsburg**  
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11**  
year **1948** hour **12** minute **32 P.M.**

21. I hereby certify that I attended the deceased from **June 1948 to July 11, 1948**  
that I last saw her alive on **July 11, 1948**  
and that death occurred on the date and hour stated above

Immediate cause of death **Coronary Occlusion**

Due to **Hypertension**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: **None**  
Of operations: **None**

Of autopsy: **None**

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 **W. R. Spalding** (M. D. or other)

Address **Plattsburg, Mo.** Date **July 13 1948**

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

2  
43  
39  
36872

25  
3  
0

Duration  
5 min.

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE  
Camden, Mo.

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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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**