

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**
 (b) City or town **KANSAS CITY**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **KELLY CONVALESCENT**
2800 E 10th St. / HOME
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 years**
 (Specify whether years, months or days) **73 YEARS**

3: (a) PRINT FULL NAME **Mrs. MARY VIRGINIA FORD**

3: (b) If veteran, name war **NO** 3: (c) Social Security No. **NO ONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6: (a) Single, widowed, married, divorced **WIDOWED**
 6: (b) Name of husband or wife **MR. JOHN H. FORD** 6: (c) Age of husband or wife if alive **-----** years
 7. Birth date of deceased **DECEMBER 2 1874**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	8	4	hr. 0 min. 0

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

10. Usual occupation **AT HOME**

11. Industry or business **-----**

MOTHER FATHER
 12. Name **UNKNOWN Walker**
 13. Birthplace **UNKNOWN**
 (City, town, or county) (State or foreign country)
 14. Maiden name **UNKNOWN**
 15. Birthplace **UNKNOWN**
 (City, town, or county) (State or foreign country)

16: (a) Informant **MR. FRED B. FORD**

(b) Address **SAN FRANCISCO, CALIFORNIA**

17: (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **AUG. 9, 1948**
 (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MORIAH CEMETERY**

18: (a) Signature of funeral director **Ch. Newman**
 (b) Address **1401 BRUSH CREEK BLVD.**

19: (a) **8-9-48** (Date received local registrar) (b) **Sheraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
 (c) City or town **KANSAS CITY** #1
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3732 MICHIGAN AVENUE** #3
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No) #0
 If yes, name country **-----**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **6**
 year **1948** hour **1:10** minute **A** M.

21. I hereby certify that I attended the deceased from **Dec. 1947**
 -----, 19, to **8-5-48**, 19,;
 that I last saw her alive on **8-5-48**, 19,;
 and that death occurred on the date and hour stated above.

Immediate cause of death
 ① **Cerebral hemorrhage ***
 ② **Senility**
 Due to ***(1) arteriosclerosis**
 Due to **-----**
 Other conditions **-----**
 *(Include pregnancy within 3 months of death)

Major findings: **836**
 Of operations **-----**
 Of autopsy **-----**
 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. Reier M.D.** (M. D. or other)
 Address **730 Prof. Bldg., KCMU** Date signed **8/6/48**

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

750 Professional Body
2-5-

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 Robert Ray
Licensed Embalmer No. 4182
P. O. Address Kansas City, 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.