

National Office of Vital Statistics
FILED NOV 15 1948

State File No.

Registration District No. 271

Primary Registration District No. 5911

Registrar's No. 12

1. PLACE OF DEATH:

(a) County: Pemiscot
(b) City or town: Bragg City Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 3 Wks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Georgia (b) County: 994
(c) City or town: Madison Georgia 7
(If outside city or town limits, write "RURAL")
(d) Street No.: 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Missouri Ford

3. (b) If veteran, name war: NO 3. (c) Social Security No.: NONE

4. Sex: Female 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Charlie Ford 6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. Age: 62 years Months Days If less than one day
about hr. min.

9. Birthplace: Madison Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

12. Name: Unknown 9

13. Birthplace:

14. Maiden name: Unknown 9

15. Birthplace:

16. (a) Informant: Jackson Conley

(b) Address: Bragg City, Mo.

17. (a) Burial: Burial (b) Date thereof: 11/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial: Pascola, Mo.

18. (a) Signature of informant: James Smith

(b) Address: Hayti, Mo.

19. (a) Nov. 11, 1948 (b) Miss Jennie Savage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 10
year: 48 hour: 2 minute: 0 A. M.

21. I hereby certify that I attended the deceased from: Oct. 10, 48
to: November 10, 1948
that I last saw him alive on: Nov. 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral thrombosis

Due to: arteriosclerosis, hypertension, acute hepatitis

Due to:

Other conditions:

Major findings: g. 2
Of operations:

Of autopsy:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(e) Means of injury: 0

23. Signature: J. Bond (M. D. or other)

Address: Hayti, Mo. Date signed: 11/10/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

11-48-314

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.