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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 20 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5017

State File No. 39251

Registrar's No. 293

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

1. PLACE OF DEATH:

(a) County: Andrew

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RURAL
(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: 36 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Andrew

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: R. R. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: (

3. (a) PRINT FULL NAME: Rawleigh Morton Ford

3. (b) If veteran, name war: No

3. (c) Social Security No.: Lost

4. Sex: male

5. Color or race: w

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lee Marie Pulley Ford

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: Feb (Month) 17 (Day) 1912 (Year)

8. AGE: Years 36 | Months 9 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace: Helena (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farming + Laborer

11. Industry or business: Farming + Laborer

MOTHER FATHER

12. Name: Fred D. Ford

13. Birthplace: Polk City (City, town, or county) Iowa (State or foreign country)

14. Maiden name: Mary Withrow

15. Birthplace: Wheatcreek (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs R. M. Ford

(b) Address: Savannah Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof: 12-9-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Savannah

18. (a) Signature of funeral director: E. C. Brech

(b) Address: Savannah, Mo.

19. (a) 12-9-1948 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1948 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11-25-48, 19..., to 12-6, 1948, that I last saw him alive on 12-6, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	3 hours
Due to: Coronary Thrombosis	
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: Gilbert B. Kelley (M. D. or other) M.D.

Address: Savannah, Mo. Date signed: 12-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Brect

Licensed Embalmer No. 2650

P. O. Address Savannah 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.