

FILED DEC 20 1948

State File No. _____

Registration District No. 293

Primary Registration District No. 6005

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Frankford
(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 _____ (Specify whether _____)
In this community Life _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87
(c) City or town Frankford, (Rural) 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IDA MAY FORD

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Wright Ford 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept 9 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Ralls Co. Mo. ~~Illinois~~
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Drivers 9
13. Birthplace Montreal, Canada
(City, town, or county) (State or foreign country)
14. Maiden name Elsa Duthie
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Leg. Ed. Ford

(b) Address Naudolia, Mo

17. (a) Burial (b) Date thereof Nov. 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem. Ralls, Mo.

18. (a) Signature of funeral director Fields & Son

(b) Address Frankford, Mo

19. (a) Dec 7, 1948 (b) H. S. Malers 26
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1948 hour 6 minute 1 M.

21. I hereby certify that I attended the deceased from June 12
1948 to Nov. 26 1948
that I last saw her alive on Nov. 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 min.
of the heart

Due to H. Hyp. Blood pressure 2 yrs

Due to unknown

Other conditions unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 2

23. Signature C. H. Brooker (M. D. or other) DO

Address Center, Mo. Date signed 12-6-48

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

RECEIVED

District Health Officer No. 10

District File Number 12-48-255

Date Filed DEC 18 1948

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 Joe Fields Negron

Licensed Embalmer No. 4092

P. O. Address Frankford 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.