

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 23528
3143

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, mo</u>	
c. LENGTH OF STAY (in this place) <u>55 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6028 Main St 387</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>19th & Campbell - K.E. Pounds Light Co</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>J</u> c. (Last) <u>Ford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>5-13-1895</u>		9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City Power Light Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>John A Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Kelley</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>486-10-7524</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jennie Ford</u>		ADDRESS <u>6028 main st</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured skull</u>		ANTECEDENT CAUSES <u>Crushed chest ruptured heart</u>		DUE TO (c) _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>factory</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kans City Jackson mo</u>	
21d. TIME OF INJURY <u>7:45-10:15 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell down Elevator shaft</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					

23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>1030 Palto Bldg</u>		23c. DATE SIGNED <u>7-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u> ADDRESS <u>Funeral Home</u>			

DATE REC'D BY LOCAL REG <u>7-20-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u> ADDRESS <u>Funeral Home</u>	
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AUG 29 1950

AUG 23 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Russell M France

Licensed Embalmer No.

4255

P. O. Address.....

H. C. 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.