No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27902

Registration District No. 72 | Primary Registration District No. 4641 | Registrar's No. 23

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Centralia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community forty years (Specify whether years, months or days) 40 Y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Centralia Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Laura Edmore 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 J. G. Ford
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Dec (Month) 25 (Day) 1864 (Year)

8. AGE: Years 75 | Months 8 | Days 1 | If less than one day ... hr. ... min.
9. Birthplace Monroe Co., Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Home wife
11. Industry or business
FATHER 12. Name Doc Dry
13. Birthplace U.K. (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name Mary Brown
15. Birthplace Ky (City, town, or county) (State or foreign country) 1
16. (a) Informant J. G. Ford
(b) Address Centralia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Mo. Cem
18. (a) Signature of funeral director Moncrief and Centralia Mo
(b) Address
19. (a) 8/28/40 (Date received local registrar) (b) F. H. Borden M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th year 1940 hour 01 minute 20 A.M.
21. I hereby certify that I attended the deceased from 8/8/40, 1940 to 8/25/40, 1940 that I last saw her alive on 8/25/40, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embolism of left leg	
Due to: Original bum knee	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In (Specify type of place)
While at work? (e) Means of injury

23. Signature F. H. Borden M.D. (M.D. or other)
Address Centralia Mo Date signed 8/28/40

(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 W. M. McDaniel

Licensed Embalmer No. 2589

P. O. Address Centralia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.