

FILED JUN 14 1945

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton Mo  
(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) 1

(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 Mo

(b) County Henry

(c) City or town Clinton  
(If outside city or town limits, write "RURAL") 4th Rural

(d) Street No. N. E. Monroe  
(If rural, give location) 6

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Edward Ford

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M D 5. Color or race W

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

6. (b) Name of husband or wife Alice Lee

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 1876  
(Month) (Day) (Year)

8. AGE: Years 76 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Gasper Ford

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

14. Maiden name Emily Burkhardt

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

16. (a) Informant Alice Lee Ford

(b) Address Clinton Mo

17. (a) \_\_\_\_\_ (b) Date thereof 5-3-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Frederick W. ...

(b) Address Clinton Mo

19. (a) May 3 (b) Myrtle Brockwell  
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1945 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from File 10 1945 to April 30 1945  
that I last saw him alive on April 30 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular pneumonia 24hr.

Due to Chronic myocarditis 10mo.

Due to Chronic nephritis 5yrs  
Hypertrophy of prostate 5yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 1312

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) \_\_\_\_\_

(c) Mechanism of injury 2 Do

Signature R. J. Powell (M. D. or other) \_\_\_\_\_

Address Clinton Mo Date signed 5-2-45

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

2  
1  
10

MOTHER, FATHER

RECEIVED  
Di... Officer No. 7,  
Di... 5-43-559  
Date Filed 6-12-45

**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 Fred Wilkerson  
Licensed Embalmer No. 2778  
P. O. Address Clinton, 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.**