

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7153

Do not use this space.

1. PLACE OF DEATH

(a) County Safayette Registration District No. 464
 (b) Township East - A - Run Primary Registration District No. 5627
 (c) City Bates City (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 9

2. PRINT FULL NAME

(a) Residence, No. 630 James W Ford St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Ford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 - 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 2 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JohraFATHER 13. NAME Edward Ford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EnglandMOTHER 15. MAIDEN NAME Josephine Schallagh16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT (ADDRESS) Esther Ford
Bates City, Mo.18. BURIAL, CREMATION, OR REMOVAL Bates City DATE 2/5 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) W. G. Gullett
Oak Grove Mo.20. FILED 2-5- 1940 Mrs. E. M. Goodwin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3rd 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to _____, 19____
 Last saw him alive on Feb 3 1942. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerotic lateral sclerosis
Arteriosclerosis
SIW

Date of onset

Jan 1938

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) W. G. Gullett M. D.
(Address) Oak Grove Mo.

RECEIVED
Health Officer No. 8
District File Number 3/6/40
Date Filed

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,

Johnson

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Johnson

Licensed Embalmer No. 2352

P. O. Address. Oak Grove, 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, above space should be left blank.