

FILED MAY 17 1940

Registration District No. 1

Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution five days
(Specify whether years, months or days)
In this community Eleven years

8. (a) PRINT FULL NAME Raymond E. Ford
8. (b) If veteran, name war _____
8. (c) Social Security No. _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Ford
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Oct. 6 1898
(Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 0
If less than one day hr. _____ min. _____

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

10. Usual occupation Public Administrator

11. Industry or business _____

MOTHER FATHER
12. Name J. M. Ford
13. Birthplace Macon County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ida Shain
15. Birthplace Macon County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. M. Ford
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 5/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheridan-Callao, Mo.

18. (a) Signature of funeral director Randolph Davis
(b) Address Kirksville, Mo.

19. (a) May 7-40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 1909 S. First
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1940 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 1
_____, 1940 to MAY 6 1940

that I last saw him alive on MAY 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uræmia
Duration 6 days

Due to Pigeon fever (Pigeonpeppercis)
Due to _____ ?

Other conditions (Include pregnancy within 3 months of death) 1938

Major findings:
Of operations _____
Of autopsy _____
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 _____

23. Signature E. H. Laughlin (M. D. or other) 3
Address Kirksville Mo Date signed 5/6/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 5-40-1073

Date Filed MAY 16 1940

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 Harold N. Wignal

Licensed Embalmer No. 4070

P. O. Address Fiskeville,

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.