

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24860

State File No. _____

Registration District No. 136-5219 Primary Registration District No. 5219 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grandview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grandview Sup.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

William Penn Ford
3. (b) If veteran. name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1940 hour twice minutes 0 P. M.

21. I hereby certify that I attended the deceased from 4-9-40
to July 24, 1940
that I last saw him alive on July 24, 1940
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Ford
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased June 12-1857
(Month) (Day) (Year)

Immediate cause of death hypostatic pneumonia Duration _____

8. AGE: Years 83 Months 1 Days 12 If less than one day
hr. _____ min. _____

Due to arteriosclerotic hypertrophy, and senility
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 139

10. Usual occupation farmer

11. Industry or business _____

Major findings: Of operations _____

12. Name Richard B Ford

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

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

14. Maiden name Mary Jane Bowman

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

16. (a) Informant Hellie T. Real

(b) Address Rt 2 Silman City Mo

17. (a) Rural (b) Date thereof 7/26
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silman City, Mo 645

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO

19. (a) 7/25/40 (b) Bedensley M.D.
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Bedensley M.D. (M. D. or other) _____

Address Harrisonville Date signed 7/25/40

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

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

Ernest Remminger

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville, 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.