

NOV 25 1940

853

Primary Registration District No. **4518**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Sullivan**
(b) City or town **Milan**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home**
(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

8. (a) PRINT FULL NAME **Golda Pearl 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**

7. (b) Name of husband or wife **John William Ford** 8. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **October 20, 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	0	9	hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Daniel T. Ransom**

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

14. Maiden name **Argues Morgan**

15. Birthplace **Sullivan Co., Missouri**
(City, town, or county) (State of foreign country)

16. (a) Informant **J. William Ford**

(b) Address **Milan, Mo.**

17. (a) **burial** (b) Date thereof **Oct. 31, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cedarwood Cem. Milan**

18. (a) Signature of funeral director **Schoerer's**
(b) Address **Milan, Mo.**
19. (a) **Nov 7 1940** (b) **Geo Hagan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sullivan**
(c) City or town **Milan**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **29**
year **1940** hour **1** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 6**, 1940, to **Oct. 29**, 1940;
that I last saw her alive on **Oct. 26**, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of rectum**

Due to _____

Due to **46**

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

Major findings: Of operations **Carcinoma (at Magee clinic)**
Of autopsy **0**

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 **J. S. Montgomery M.D.** (M. D. or other) **1**

Address **Milan Mo.** Date signed **Nov. 1, 1940**

Duration **probably 2 years.**

PHYSICIAN

Underlines the cause to which death should be charged statistically.

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

5. 11. 1940

RECEIVED

District Health Officer No. 10

District File Number 11-40-2097

Date Filed NOV 11 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.....

Frank D. Schoene

....., Registered Apprentice No.

working under my personal supervision.

Signed *Frank D. Schoene*

Licensed Embalmer No. 2016

P. O. Address Wheat, Mo

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

If this body is not embalmed, above space should be left blank.