

Registration District No. 56

Primary Registration District No. 6262

Registrar's No. 54

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town GIDEON
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 yrs. years, months or days

3. (a) PRINT FULL NAME WILLIAM THOMAS FORD
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 20 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER
12. Name WALKER FORD
13. Birthplace WHITE CO. ARK. (City, town, or county) (State or foreign country)
14. Maiden name MARY RUTH HANSEN
15. Birthplace LINCOLN CO. TENN. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature FANNIE CURTISS
(b) Address GIDEON MO.

17. (a) TRIAL (b) Date thereof 12-21-1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wtch Road Cem

18. (a) Signature of funeral director Wm. J. Russell
(b) Address Clayton, Ark.

19. (a) _____ (b) Elizabeth Mumm (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County NEW MADRID
(c) City or town GIDEON 72
(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 12 day 20 year 1940 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec 15/40 to Dec 20 1940, 19 _____, that I last saw him alive on Dec 20 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____
Bronchial.

Due to old age

Due to _____

Other conditions 107 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 5-11 (Specify type of place) (e) Means of injury _____

23. Signature BB. Beers (M. D. or other) _____
Address Gideon Date signed Dec 21/40

WHITE PENCIL USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I X10311

RECEIVED

District Health Officer No. 2

District File Number 241-276

Date Filed 2/19/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.