

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10355**
Registrar's No. **13**

Registration District No. **169**

Primary Registration District No. **4098**

1. PLACE OF DEATH:
Chariton
(a) County **Brunswick**
(b) City or town **Brunswick**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(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

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

4. Sex **Female** **5. Color or race** **Col.** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **John Ford** **6. (c) Age of husband or wife if alive** **77** years

7. Birth date of deceased **September 14--1873**
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **20** If less than one day hr. _____ min. _____

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

10. Usual occupation **At Home**
Housework

11. Industry or business _____

MOTHER FATHER { **12. Name** **Charlie White**
18. Birthplace **Glasgow Missouri**
(City, town, or county) (State or foreign country)

{ **14. Maiden name** **Myria Lott**
15. Birthplace **Glasgow Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Ford**

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

17. (a) Burial **(b) Date thereof** **3--6-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
Brunswick, Mo.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **L. W. ...**
(b) Address **Brunswick, Mo.**

19. (a) 3-5-1941 **(b) Harry E. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Chariton**
Brunswick
(c) City or town _____ (If outside city or town limit write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **4th.**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **No medical attendance** 19 _____
(that I am a duly licensed coroner and that death occurred on the date and hour stated above. **I was called as coroner** 19 _____

Immediate cause of death **Died from natural causes, probably coronary thrombosis, from history given by relatives**
Due to _____ **Duration** _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **94 W**
Of operations _____
Of autopsy **none**

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? _____

158 **(Specify type of place)** _____
While at work? _____ **(e) Means of injury** _____

23. Signature **Harry E. ...** **(M. D. or other)** _____
Address **Brunswick, Mo.** **Date signed** **3/5/41**

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

RECEIVED

District Health Officer No. 8,

District File Number

7-11-47

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

L. M. Weiss

Licensed Embalmer No.

823

P. O. Address

Brunswick

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.