V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15697

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1080

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3909 Woodland
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry T. Ford

3. (b) If veteran, name war unknown

3. (c) Social Security No. UNK

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Virginia

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 11 (Day) 1897 (Year)

8. AGE: Years 44 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Kansas city (City, town, or county) Mo (State or foreign country)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name John Ford
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Walker
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Virginia Ford
(b) Address Kansas city 8100 Walnut

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington

19. (a) MAY 17 1942 (Date received local registrar) (b) C. F. McGahan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1942 hour 1 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocated when incarcerated in cell in building destroyed by fire.

Due to Suffocation. Lungs filled with smoke.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

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) Accident

(b) Date of occurrence May 15, 1942

(c) Where did injury occur? Kirkwood, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H. Hoppe (M. D. or other)

Address Kirkwood, Mo. Date signed 5/16/42

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1942

NOV 19 1945

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 Louis H Bopp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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, fact should be so stated above.