

Registration District No. 20

Primary Registration District No. 3002

Registrar's No. 93

1. PLACE OF DEATH:

(a) County. Audrain
(b) City or town. Mexico
(c) Name of hospital or institution: Audrain
(d) Length of stay: In hospital or institution. about 4 hrs.
In this community. Mexico mo

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Audrain
(c) City or town. Mexico
(d) Street No. 1023 S. Davis St.
(e) Citizen of foreign country? 0 (Yes or No)

3. (a) PRINT FULL NAME Robert E. Ford

3. (b) If veteran, name war. None 3. (c) Social Security No. none

4. Sex. male 5. Color or race. colored 6. (a) Single, widowed, married, divorced. X O

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

7. Birth date of deceased. August 13 1928

8. AGE: Years 13 Months 9 Days If less than one day

9. Birthplace. Mexico Audrain Missouri

10. Usual occupation. None

11. Industry or business. None

12. Name. Joe Ford

13. Birthplace. Boone county Mo.

14. Maiden name. Florence Sue

15. Birthplace. Santa Fe, Monroe co, Mo.

16. (a) Informant. Florence Ford

(b) Address. 1913 So. Davis St. Mexico Mo

17. (a) Burial (b) Date thereof. June 28 1942

(c) Place: burial or cremation. Elmwood Cemetery

18. (a) Signature of funeral director. Jackson Park F. King

(b) Address. 409 So. Walnut St. Mexico Mo

19. (a) 6-28-42 (b) Margaret H. Mackie

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1942 hour 7 minute - P. M.

21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.

Immediate cause of death. Gunshot
we the jury find that the deceased came to his death from a bullet wound into the center of the forehead, which was accidentally discharged from a twenty-two rifle in the hands of Joe Melvin Nelson

Duration
Underline the cause to which death should be charged statistically.

Major findings: Of operations. 184
Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence June 25, 1942
(c) Where did injury occur? Mexico Audrain Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In house

While at work? (Specify type of place) (e) Means of injury Gun shot

23. Signature. E. J. Burtar, Coroner (M. D. or other) Address. Mexico, Mo Date signed 6/28/42

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

583
6-42

4
2

7

1074

JUL 7
1948

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.....

Stuart R. Parker

Licensed Embalmer No.....

2900

P. O. Address.....

Columbia 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.