

FILED DEC 7 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9930

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Missouri Baptist Hosp.

(d) Length of stay: In hospital or institution 3 days

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town De Soto

(d) Street No. R. 7. D # 1

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Luther Amos Ford

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color White 6. (a) Single  married, divorced

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

7. Birth date of deceased December 18 1862

8. AGE: Years 79 Months 11 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New York

10. Usual occupation retired Electrical worker

11. Industry or business \_\_\_\_\_

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. (a) Informant Robert L. Chan

(b) Address Route 1, De Soto, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof Nov. 28, 1942

(c) Place: burial or cremation Sandy Cemetery, Hillsboro, Mo.

18. (a) Signature of funeral director Mother's Best Funeral Home

(b) Address De Soto, Mo.

19. (a) NOV 29 1942 (b) J. F. Budeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1942 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept 5 1942 to Nov 25 1942

that I last saw him alive on Nov 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Major findings: Of operations 9.5

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(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 H. F. Bergman (M. D. or other) M. D.

Address 3720 Washington Date signed 11/29/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

6407 2007 April 10  
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**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.

Signature

*J. E. M. Thuskad*

Licensed Embalmer No.

*3531*

P. O. Address

*Esato md*

**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.**