

FILED MAR 17 1943

State File No.

Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County: Scott
(b) City or town: Sikeston, Missouri
(c) Name of hospital or institution: Sikeston General Hospital
(d) Length of stay: In hospital or institution 4 hrs.
In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid
(c) City or town: Rural
(d) Street No.
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ida Maud Ford

3. (b) If veteran, name war. L
3. (c) Social Security No. L

4. Sex: Female / 5. Color or race: White / 6. (a) Single, widowed, married, divorced: M.D.S.I.D.
6. (b) Name of husband or wife: Ethel Gilbert Ford 6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: March 16 1886 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	26	10	19	hr. min.

9. Birthplace: Saline County / Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: HOME

MOTHER, FATHER

12. Name: Joe Church
13. Birthplace: Saline County / Illinois (City, town, or county) (State or foreign country)
14. Maiden name: Thelma Stanton
15. Birthplace: Saline County / Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: EX 421 G. FORD

(b) Address: NEWMADRID PFD 1

17. (a) BURIAL (b) Date thereof: 2-8-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: SIKESTON MO

18. (a) Signature of funeral director: Melba Funeral Home

(b) Address: Sikeston Mo

19. (a) 2-2-43 (b) Louise Leggett (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb 1943 day: 4 year: 1943 hour: 12 minute: 22 A.M.

21. I hereby certify that I attended the deceased from Feb 5-43 to Feb 5-43 1943 that I last saw her alive on Feb 5-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Duration: _____

Due to: _____
Due to: _____
Other conditions: (Include pregnancy within 3 months of death) 93d

Major findings: Of operations: _____
Of autopsy: _____
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) _____
(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? _____

While at work? _____ (Specify type of place) Means of injury: _____

23. Signature: Howard M. Kendy (M. D.)
Address: Sikeston Mo Date signed: 2-2-43

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

RECEIVED

District Health Office No. 2,

District File Number 343-377

Date Filed 3-16-43

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.