

ED MAY 10 1943 128
Registration District No. 2000

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 520 W. Pine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARIE A. FORD
3. (b) If veteran name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cpl. Hubert Ford
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased March 24 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 25
If less than one day hr. min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
{ 12. Name William E. Reed
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
{ 14. Maiden name Nora Sexton (Unknown)
15. Birthplace Dallas County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harrison Reed
(b) Address 612 S. Nettleton, Springfield, Mo.

17. (a) Burial (b) Date thereof 4-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Missouri

18. (a) Signature of funeral director W. J. Dunn
(b) Address 629 W. Walnut City

19. (a) 4-20-43 (b) W. J. Dunn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1943 hour 11 minute 27 A.M.
21. I hereby certify that I attended the deceased from
April 11, 1943 to April 19, 1943
that I last saw her alive on April 19, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Embolism, thrombi, left cerebral

Duration
2 days
17 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Due to Valvular heart disease, mitral stenosis, with decompensation and auricular fibrillation
Due to Rheumatic fever in 1926
Other conditions Syphilis, unclassified:
(Include pregnancy within 3 months of death)
manifested by positive serology only

Major findings:
Of operations 30g
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? (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)
(e) Means of injury
23. Signature Mark W. Dunn (M. D. or other)
Address O'Reilly GH, Springfield, Mo. Date signed 4/19/43

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

19
2
6

SEP 21 1948
MAY 10 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..... *J.W. Maples*

Licensed Embalmer No. *2985*

P. O. Address..... *Clemer 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.

X