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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21616

State File No.

FILED JUL 12 1943

Registration District No. 7 — Primary Registration District No. 3028 — Registrar's No. 109

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: Spring River 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: - - -
In this community: 28 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State: Missouri (b) County: Jasper 1

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

(d) Street No.: 518 E. 4th. St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - - 0

3. (a) PRINT FULL NAME: Bert Ford

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Ford

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: April (Month) 9 (Day) 1890 (Year)

8. AGE: Years 53 | Months 1 | Days 28 | If less than one day: hr. min.

9. Birthplace: Benton County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Employee

11. Industry or business: Carthage Water & Electric Plant

FATHER
12. Name: Jim Ford
13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name: Lucinda Landers
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs. Mary Ford
(b) Address: 518 E. 4th. St., Carthage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 10, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri

19. (a) June 9 '43 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 7
year: 1943 hour: 7 00 minute: P. M.

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

Did not see him alive

	Duration
Immediate cause of death: Drowned	
Due to: Jumped into river to save grandson	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

183.3
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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: June 7, 43
(c) Where did injury occur? Carthage (City or town) 116 (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? River (Specify type of place)
While at work? (e) Means of injury: Drowning

23. Signature: R. N. Webster (M. D. or other) Coroner
Address: Carthage Mo Date signed: June 9 '43

1205 (Licensed Embalmer's Statement on Reverse Side)

43-6-567

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.