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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 4587

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
2900 Park  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 Years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME ELIJAH FORD

3. (b) If veteran, name war None

3. (c) Social Security No. 487-05-0416

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Daisy Ford

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 8, 1890  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
53	4	18	hr.	min.

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

10. Usual occupation Janitor

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

MOTHER FATHER {

12. Name Lander Ford

13. Birthplace Lafayette Co., Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Cave

15. Birthplace Lafayette Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daisy Ford

(b) Address 2900 Park Avenue

17. (a) Burial (b) Date thereof 10/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia Avenue

19. (a) 10-29-43 (b) R. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2900 Park Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 26 day Tuesday  
year 1943 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from October 22, 1942, to October 26, 1942  
that I last saw him alive on Oct 26, 1942 - 9:20 A.M., 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

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

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

Other conditions Syphilis  
(Include pregnancy within 3 months of death)

Major findings: 10. No Finding

Of operations \_\_\_\_\_

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

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) \_\_\_\_\_

(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 D. W. Ludwig (M. D. or other) D.O.  
Address 3527 Resolving Date signed 10-29-43

*Dr. Ludwig  
357 Broadway.*

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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.

Signed.....

*I. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2523 Highland*

**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.**