

FILED NOV 19 1943

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:  
**St Mary's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **26 days**  
(Specify whether years, months or days)

In this community **9 59 yrs**

3. (a) PRINT FULL NAME **Mr. Wallace C. Ford**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **702-12-0934**

4. Sex **Male**

5. Color or race **Whiten**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William Mary**

6. (c) Age of husband or wife if alive **10** years **1877**

7. Birth date of deceased: **February 10 1877**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	8	19	hr. min.

9. Birthplace **Milton Valley Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **K.C. Southern Railroad**

MOTHER FATHER

12. Name **Shelby Ford**

13. Birthplace **unk. ?**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Ruth Ensch**

15. Birthplace **unk. ?**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nell B. Nichols**

(b) Address **New Orleans, La.**

17. (a) **Buried** (b) Date thereof **11-1-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **J. W. Miller**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **11-1-43** (b) **P. 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. **1114 Baltimore (Bray Hotel)**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29** year **1943** hour **6** minute **P.M.**

21. I hereby certify that I attended the deceased from **10-4-43** to **10-29-43** and that death occurred on the date and hour stated above.

that I last saw **him** alive on **10-29-43**

Immediate cause of death **Coronary atherosclerosis**

Due to **Coronary atherosclerosis**

Other conditions **Chronic myocarditis**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations **0**

Of autopsy **0**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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 **J. W. Miller** (M. D. or Chy.) **10-30-43**

Address **1001 1/2 E. 12th** Date signed \_\_\_\_\_

*Handwritten signature*

**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 *H. C. Newcomer Jr.*  
Licensed Embalmer No. *4043*  
P. O. Address *N. C. 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.**