

FILED DEC 27 1943

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 978

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 719 E. Loren
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Years
(Specify whether 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. 719 E. Loren
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles W. Ford

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Ford 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased July 1 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 70 5 4 hr. min.

9. Birthplace Chattanooga Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business General Motors Co.

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Ford
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 12-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-7-43 (b) W. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1943 hour 11 minute 55 a. M.

21. I hereby certify that I attended the deceased from Sept 19 1942 to Dec 5 1943
that I last saw him alive on Jan 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration Sudden

Due to

Other conditions Chronic Cholecystitis
(Includes pregnancy within 3 months of death)

Major findings: Of operations 94a
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 W. W. Handley (M. D. or other) _____
Address DR. A. W. THOMAS Date signed 12/6/43

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

9
2
6

39
2
6

Duration

Sudden

PHYSICIAN

Underline the cause to which death should be charged statistically.

386

X

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 *Walter E. Hamilton*

Licensed Embalmer No. 3808

P. O. Address Springfield, 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