

FILED JAN 29 1944

Registration District No. 4

Primary Registration District No. 4076

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cape Girardeau Missouri  
(b) City or town Jordonville Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 61 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jordonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ada Lucretia Henry Ford

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Dr. W.W. Ford 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 5 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 3 22 hr. min.

9. Birthplace Cape Girardeau County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name John S. Henry  
13. Birthplace Cape Girardeau County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Cornelia Burford  
15. Birthplace Effingham Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. W.W. Ford  
(b) Address Jordonville Mo.

17. (a) Burial (b) Date thereof Dec 29 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Walther Und. Co.  
(b) Address Cape Girardeau Mo.

19. (a) 12-30-43 (b) A.H. Macke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 -  
year 1943 hour 9:30 minute 0 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to Dec 27 1943  
that I last saw her alive on Dec 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Influenza Duration 2 weeks

Due to \_\_\_\_\_ 4 "

Other conditions (include pregnancy within 3 months of death) 95C2

Major findings: 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 Dr. Schultz (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Mo. Date signed 12/29/43

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

FEB 3 1944

RECEIVED

District Health Officer No. 4  
District File Number 144-3259  
Date Filed 1-19-44

JAN 24 1944

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 Virgil H. Kelch  
Licensed Embalmer No. 4102  
P. O. Address Cape Girardeau

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.