S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 54610

Registration District No. 343 Primary Registration District No. 3037 Registrar's No.

5530

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lawrence
(c) City or town Mt Vernon (If outside city or town limits, write "RURAL") 530
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Ford
3. (b) If veteran, name war
3. (c) Social Security No. 487-03-9344
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen M. Ford
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Oct (Month) 7 (Day) 1892 (Year)
8. AGE: Years 52 Months 0 Days 8 If less than one day hr. min.
9. Birthplace Bentonville (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Milk Tester
11. Industry or business
FATHER 12. Name James Ford
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lucinda Landers
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Helen Ford
(b) Address Mt Vernon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon Cem.
18. (a) Signature of funeral director J. B. Fossett
(b) Address Mt. Vernon, Mo.
19. (a) 10/18/44 (Date received by local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1944 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct. 15 1944 to Oct. 15 1944 that I last saw h. alive on Dead when seen and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Most Probable Coronary Thrombosis	sudden
Due to –	
Due to –	
Other conditions – (Include pregnancy within 3 months of death)	

44a

Major findings:
Of operations –
Of autopsy no.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature P A Holmer (M. D. ~~or other~~)
Address Mt Vernon Date signed 10-17-44

1338 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1144-1109
Date Filed NOV 13 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 Max L. Fossett

Licensed Embalmer No. 42522

P. O. Address Mt. Vernon, 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.