

S. No. 2
FORM-5-43
Rev. 5-17-39
X 36671

Registration District No. 156 Primary Registration District No. 2001

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

49

1. PLACE OF DEATH
(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: 616 West 11th St
(d) Length of stay: In hospital or institution 55 years
In this community 55 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edna Ford
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 12-1882 (Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Parsons Kansas (City, town, or county) (State or foreign country)

10. Usual occupation House work at home

11. Industry or business John Graves

12. Name John Graves

13. Birthplace 4 Scotland (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Curry

15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Hunter (b) Address Salena, Kansas

17. (a) Burial (b) Date thereof: 1-29-45 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director Tharbzell Dillon (b) Address 5th Floor of Jasper
19. (a) 1-27-45 (b) Justina S. Suddhalter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Jasper
(d) Street No. 616 West 11th St
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 26 year 1945 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from Jan 26 1945 to Jan 26 1945; that I last saw her alive on Jan 26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral infarct. Duration

Due to 83a'
Due to

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

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) (c) Means of injury
23. Signature W. Lovelace (M. D. or other) Address Jasper Mo Date signed 1-27-45

1204

45-1-59

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..... *Paula Karnhill*

Licensed Embalmer No. *3590*

P. O. Address..... *Jaylin 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.