V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35267

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10273

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. NR
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alexander C. Ford

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male C

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Georgia Ford

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 23 (Day) 1869 (Year)

8. AGE: Years 76 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Bloomington (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Railroad Supervisor

11. Industry or business

FATHER
12. Name Edgar Ford
13. Birthplace Unknown (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Unknown Scofield
15. Birthplace Unknown (City, town, or county) England (State or foreign country) 4

16. (a) Informant Mrs. Georgia Ford
(b) Address Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1945 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov. 17, 1945, to Nov 26, 1945;
that I last saw him alive on Nov. 26, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal pneumonia	1 da.
Due to Toxemia from old intestinal obstruction due to adhesions	14 da.
Due to ileo-cecal junction	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations intestinal obstruction
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature James R. Glasscock (M. D. or other)
Address Mo. Pacific Hosp. Date signed 11-26-45

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1945

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. Jas W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.