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

FILED APR 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8641

Registration District No. 42 — Primary Registration District No. 5132 — Registrar's No. 323

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

7573

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town RURAL Wayne Township WAYNE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. # 6 St.Joseph
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether
In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert Luther Ford

3. (b) If veteran, name war None

3. (c) Social Security No. 491-09-0335

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May (Month) 21, (Day) 1889 (Year)

8. AGE: Years 56 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Bentonville, Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name William Ford
13. Birthplace Arkansas (City, town or county) (State or foreign country)

MOTHER
14. Maiden name Martha M. Hutchinson
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Ford (Wife)
(b) Address Rt. # 6, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/46 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City

19. (a) Mar 20, 1946 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1946 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 2, 1945 to Mar-18, 1946 that I last saw him alive on Mar-12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Complete Heart Block

Due to Coronary Sclerosis

Due to Arterio Sclerosis

Other conditions Hypertension 180/90 to 200/90
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 97

Duration

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 [illegible] (M. D. or other)

Address 6 [illegible] Date signed 3-18-46

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(Licensed Embalmer's Statement on Reverse Side)

APR 16 1948

JUL 10 1946

APR 9 1946

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 John E. Rupp Jr.

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.