

S. No. 2  
DM-2-43  
v. 5-17-39  
W-1 X35897

27927

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH  
STATE BOARD OF HEALTH OF MISSOURI

State File No. \_\_\_\_\_  
Registrar's No. 40

Registration District No. 267  
Primary Registration District No. 20-495902

1. PLACE OF DEATH:  
(a) County Pemiscot  
(b) City or town Rural Hayth  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 5 yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pemiscot 78  
(c) City or town Rural  
(d) Street No. 1/2 mile N.W. of Hayth - Inc  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN HENRY FORD  
(b) If veteran, name war   
(c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 29  
year 1946 hour 7 minute P M.

4. Sex Male 5. Color or race Cal.  
6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife Alice Ford  
(c) Age of husband or wife if alive, years 25  
7. Birth date of deceased: 12 25 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 7 Days 4  
If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

Immediate cause of death unknown on this man died suddenly without medical attention  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace New Orleans, La  
(City, town, or county) (State or foreign country)

Other conditions (includes pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

10. Usual occupation farm laborer  
11. Industry or business Callery prin

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name John Ford  
13. Birthplace New Orleans, La  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Williams  
15. Birthplace New Orleans, La  
(City, town, or county) (State or foreign country)

16. (a) Informant John Caldwell  
(b) Address Pageola, Mo.

17. (a) Burial (b) Date thereof 7-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayth - Inc  
18. (a) Signature of funeral director W. J. Smith  
(b) Address Hayth - Inc

19. (a) 8-2-46 (b) W. J. Smith  
(Date received local registrar) (Registrar's signature)

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 John Kelly Coroner  
Address Hayth - Inc Date signed 8-1-46

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

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(Licensed Embalmer's Statement on Reverse Side)

8-46-176

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**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.....

Licensed Embalmer No.....

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.**