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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12504

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 519

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2820 Lovers Lane
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2820 Lovers Lane
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frazer Lee Ford

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marjorie G. Ford

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December (Month) 20 (Day) 1883 (Year)

8. AGE: Years 63 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Forrest City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation President 1st Nat'l Bank

11. Industry or business Banking

FATHER
12. Name Jacob M. Ford
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Nancy Litsey
15. Birthplace Harrisburg (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Marjorie Ford
(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) 4-15-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1947 hour 1 minute 10 P M.

21. I hereby certify that I attended the deceased from
, 1944, to Apr 10, 1947
that I last saw him alive on Apr 10, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	10 days
Due to: Art Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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 Dr [illegible] (M. D. or other) MD

Address St Joseph Mo Date signed 4-11-47

252 (Licensed Embalmer's Statement on Reverse Side)

NOV 15 1948

JAN 15 1948

FEB 10 1948

MAY 10 1948

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 Earl Rapp

Licensed Embalmer No. 23458

P. O. Address 3198 10th St. St. Joseph

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.