

FILED APR 21 1947

Registration District No. 298

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6024

State File No. 14572

Registrar's No.

1. PLACE OF DEATH:

(a) County RAY  
 (b) City or town LAWSON Rural Polk.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RAY 89  
 (c) City or town LAWSON RURAL 10  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Doc Ford

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMMA LELA 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased JAN 22 1872  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 1 14 hr. \_\_\_\_\_ min.

9. Birthplace LIBERTY MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ROBERT A FORD  
 13. Birthplace ALEXANDRIA VIRGINIA  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ELIZABETH STOREY  
 15. Birthplace LIBERTY MO  
 (City, town, or county) (State or foreign country)

16. (a) Informant A. J. FORD

(b) Address EXCELSIOR SPRINGS MO

17. (a) BURIAL (b) Date thereof MAR 8 47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAWSON CEMETERY

18. (a) Signature of funeral director JARMAN-PRICHARD

(b) Address LAWSON MISSOURI

19. (a) Mar 7 1947 (b) Mrs Raymond H. Hove  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6  
 year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1947 to March 6 1947  
 that I last saw him alive on March 5 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditic Cardiac Failure - Cardio-Renal-Vascular in nature

Duration

Due to \_\_\_\_\_

Other conditions gangrene of both feet  
 (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?

(Specify type of place) \_\_\_\_\_  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Arthur Buehler (M. D. or other) \_\_\_\_\_  
 Address Lawson Date signed Mar 7 1947

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

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 4-18-47 .....

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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 Claude Richard .....

Licensed Embalmer No. 2751 .....

P. O. Address Carlisle Springs, Va .....

**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.**