

No. 2
4-2.43
5-17-39
I X35697

State File No.

FILED JUN 12 1947

Registration District No.

Primary Registration District No. 4002

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

(c) City or town Broadway
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARTHUR P. FORD

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month may day 27
year 1947 hour 6 minute 15 A.M.

4. Sex M 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 31 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15 1947 to May 27 1947
that I last saw him alive on May 26 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72 4 26 hr. min.

Immediate cause of death arteriosclerosis
also some
Due to thrombotic

Duration 4 hrs

9. Birthplace Kishville Mo.
(City, town, or county) (State or foreign country)

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business

Major findings: Of operations 97

Of autopsy

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

MOTHER FATHER { 12. Name John Ford

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Elyse Ann Vanley

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edua Ford

(b) Address Broadway Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial (b) Date thereof may 29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sabbath Home Cem.

(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?

18. (a) Signature of funeral director Fred H. Vanley

(b) Address Broadway Mo.

While at work? (Specify type of place)

(c) Means of injury 0

19. (a) 6-2-47 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

23. Signature H. M. Humphrey (M. D. or other) 2:22
Address Broadway Mo. Date signed 5-31-47

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

DEC 3 1954

RECEIVED
District Health Officer No. 10
District File Number 6-47-676
Date Filed JUN - 9 1947

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 Foster T. Easley
Licensed Embalmer No. 1146
P. O. Address Brushy, 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.