S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18451

Registration District No. 296 Primary Registration District No. 6018 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural, Fishing River Twnshp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: On No. 10 East of Excelsior Spgs.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. On No. 10 East of Excelsior Spgs
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Lewis Sylvester Ford
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased August (Month) 30 (Day) 1887 (Year)

8. AGE: Years 59 Months 8 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Bedford (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farming
11. Industry or business .....

FATHER
12. Name Milton S. Ford
13. Birthplace ..... (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Emily Olds
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Lewis S. Ford
(b) Address Excelsior Springs, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty, Missouri
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri
19. (a) 5/29/47 (Date received local registrar) (b) Helen J. Larkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1947 hour 5:00 minute p. M.
21. I hereby certify that I attended the deceased from May 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.

Immediate cause of death Embolism

Due to Operated May 15, 1947 for perforated ulcer of stomach

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated ulcer of stomach
Of autopsy .....

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 0

23. Signature S R McCracken (M. D. or other) MD
Address Excelsior Spgs MO Date signed 5/28/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 6-13-47

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 E. E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Spgs, M

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.