

Registration District No. **239**

Primary Registration District No. **5825**

Registrar's No. **117**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Rice**
(If outside city or town limits, write "RURAL" and name of township).
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **47 yrs** (Specify whether years, months or days)
In this community **47 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **Rice**
(If outside city or town limits, write "RURAL")
(d) Street No. **in town** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HERMAN-MILAS-FORD**

3. (b) If veteran, name war **WW** 3. (c) Social Security No. **None**

4. Sex **MO** 5. Color of hair **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maudie Ford** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **March 6 1895**
(Month) (Day) (Year)

8. AGE: Years **52** Months **6** Days **27** If less than one day hr. _____ min. _____

9. Birthplace **State of Illinois** (City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Milas Ford**

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

14. Maiden name **Anna Brown**

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

16. (a) Informant **Maudie Ford**

(b) Address **Rice MO**

17. (a) **Burial** (b) Date thereof **10-5-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Malden MO**

18. (a) Signature of funeral director **William Funeral Service**

(b) Address **Warma MO**

19. (a) **10/2/47** (b) **Dr. Guowaluated** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **3** year **1947** hour **4** minute **20 P.** M.
21. I hereby certify that I attended the deceased from **4 May 1947** to **3 Oct 1947**
that I last saw him alive on **3 Oct 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, Bronchial** Duration **2 days**
Due to **Cachexia** **5 weeks**

Due to **Intestinal obstruction, partial** **20 years**
due to old adhesions, post op.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____ **122B**

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? _____

While at work? _____ (Specify type of place)
(d) Means of injury _____
23. Signature **Charles S. Williams** (M. D. or other) **MD**
Address **Malden, Missouri** Date signed **Oct 47**

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1149-1438

Date Filed 11-5-47

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

Lynne Steele

Licensed Embalmer No.

2476

P. O. Address

Dexter Md

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.