

S. No. 2
OM-5-43
v. 5-17-39
I X38671

State File No. _____

FILED NOV 5 1947

Registration District No. _____

Primary Registration District No. 4526

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Duquoin
(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 82 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MATHA JANE Ford

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 16 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER {

12. Name William Henry Ford of Germany

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

14. Maiden name Mary Simpson

15. Birthplace Vernon Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Ethel Ford

(b) Address Sheldon 9th

17. (a) Burial (b) Date thereof at 23/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director S. Bernard King

(b) Address Sheldon 9th

19. (a) Oct 28/1947 (b) Mrs. Ruth Faith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Vernon

(c) City or town Sheldon R.R.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1947 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from _____ 1946 to Oct. 21 1947
that I last saw her alive on Oct. 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death lesion of mitral valve

Due to Chronic arthritis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature C. L. Keithly (M. D. _____)

Address Sheldon 9th Date signed 10-22-47

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

0000

57

RECEIVED
District Health Officer No. 71
Date Filed 11-14-1917
Lodge No. 1274

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.....

Body was not embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed *S. Bernard Berry*.....

Licensed Embalmer No. *4261*.....

P. O. Address *Sheldon Ins*.....

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.