

S. No. 2
 FORM-5-43
 Rev. 5-17-39
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37003

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 18 1947

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 84

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
205 N. Austin St.,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates
 (c) City or town Butler
(If outside city or town limits, write "RURAL")
 (d) Street No. 205 N. Austin St.,
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME IDA M. FORD
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 11
 year 1947 hour 6:10 minute _____ AM/PM

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Geo K. Ford
 6. (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased Oct. 1, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 21
1947 to Sept 11 1947
 that I last saw her alive on Sept 5 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 11 10 _____ hr. _____ min.

Immediate cause of death
Myocarditis
Cerebral Hemorrhage
 Due to _____
 Due to _____

9. Birthplace Cass Co., Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions NO
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
 12. Name L.P. Page
 13. Birthplace Ky.
(City, town, or county) (State or foreign country)
 14. Maiden name Adeline Page
 15. Birthplace Ky.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations NO
 Of autopsy NO
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Geo K. Ford
 (b) Address Butler, Missouri
 17. (a) Burial (b) Date thereof 9-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Harrisonville, Mo.,
Booth Funeral Home
 18. (a) Signature of funeral director _____
 (b) Address Butler, Missouri
 19. (a) 9-14-47 (b) Rendel Harvey
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NO
 (b) Date of occurrence _____
 (c) Where did injury occur? NO
(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 NO
 23. Signature Adeline Page (M.D. or other)
 Address Butler Date signed 9-13-47

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

RECEIVED
District Health Officer No. 71
District File No. 11-17-47
Date filed 11-17-47

NOV 19 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.....

Kenneth H. Book

Registered Apprentice No. 471

working under my personal supervision.

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address. Butler, Missouri

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.