No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9078

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution Hours. (Specify whether
In this community Hours.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. St. Johns Hospital 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Infant Ford
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male 0
5. Color or race W.
6. (a) Single, widowed, married, divorced S. 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 13, 1948
(Month) (Day) (Year)

8. AGE: Years | Months | Days 1 | If less than one day 3½ hr. min.

9. Birthplace Joplin Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Jack Ford
13. Birthplace Galena, Kansas 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Barcom
15. Birthplace Treece, Kansas. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Jack Ford
(b) Address Galena, Kansas.
17. (a) Removal (b) Date thereof 2-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Galena, Kansas.
18. (a) Signature of funeral director Hamlin Funeral Home
(b) Address Galena, Kansas.
19. (a) 2-16-48 (b) Dolores Lampkins D.R.
(Date received local registrar) (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1948 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from Feb. 13, 1948, to Feb 14, 1948
that I last saw him alive on 14 Feb, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Prematurity Two Factors | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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 Robert Howell (M. D. or other) M.D.
Address Galena, Kans Date signed 15 Feb 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-2-199

## 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.

Did not Embalm

Signed Elling M. Dungy

Licensed Embalmer No. 13566

P. O. Address Joplin 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.**