

FILED JAN 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1246

BIRTH NO. REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN K.C.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1312 E. 23 rd.		d. STREET ADDRESS (If rural, give location) 1312 E. 23 rd.	

3. NAME OF DECEASED (Type or Print) a. (First) Dolly	b. (Middle) Ann	c. (Last) Ford	4. DATE OF DEATH (Month) (Day) (Year) Jan 5 1949
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5. SEX Fe	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid	8. DATE OF BIRTH Oct. 8 1865-10-8	9. AGE (In years last birthday) 83	10. UNDER 1 YEAR Months 2	11. UNDER 2 HRS. Days 27	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Butler Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel Fisher	13b. MOTHER'S MAIDEN NAME Lucy Bellamy	14. NAME OF HUSBAND OR WIFE Samuel Ford, Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE AND ADDRESS Cora Payne 3209 E. 16th St. M.M.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebrovascular hemorrhage		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Prolonged hypertension		10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 4, 1949, to Jan 5, 1949, that I last saw the deceased alive on Jan 5, 1949, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Donald S. Ferguson (Degree or title)	23b. ADDRESS 1121A Vine K.C. Mo	23c. DATE SIGNED 1-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Butler, Mo	24b. DATE Jan 10, 49	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Butler, Mo.
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DATE REC'D BY LOCAL REG. 1-8-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mrs. Funeral Home
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

C. Kenneth Kerford

Licensed Embalmer No. *4437*

P. O. Address _____

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.