

APR 9 1941  
Registration District No. 78P

Primary Registration District No. 200

## 1. PLACE OF DEATH:

(a) County St. Louis County  
 (b) City or town Jefferson Barracks  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Veterans Administration Facility  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Admitted 3/11/41  
 (Specify whether  
 In this community Since 3/11/41  
 years, months or days)

3. (a) PRINT FULL NAME Edward FORD3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Gussie 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased February 25, 1876  
 (Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Macoupin County, Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Physician

11. Industry or business \_\_\_\_\_

12. Name Pleasant Henry Ford  
 13. Birthplace Ill.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jordan  
 15. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edw. Ford  
(b) Address Parma, Mo.17. (a) Removal (b) Date thereof 3/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Parma, Mo. Hoppe18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.19. MAR 10 1941 (b) TRUCE  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
 (c) City or town Parma  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th  
year 1941 hour 3:10 minute a. m.21. I hereby certify that I attended the deceased from March 11, 1941 to March 18, 1941; that I last saw him alive on March 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary arteriosclerotic and Hypertensive Heart Disease, Cardiac Enlargement, Anginal Syndrome and Myocardial Insufficiency.  
 Duration Unknown

Other conditions Asthma, bronchial, severe. Unkn.  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations 93 d  
 Of autopsy No autopsy.  
 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) NO  
 (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 Cardiac (Specify type of place) (e) Means of injury M  
 23. Signature C. W. HUGHES, M.D. (M. D. or other) M  
 Address Chief Medical Officer Date signed 3/18/41

**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

*J. C. Binkley*

Licensed Embalmer No.

*3653*

P. O. Address

*Saint Louis, 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.**