

1939 APR 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11255
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township _____ Primary Registration District No. 3023 Registered No. 38
(c) City Warrensburg (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
630 Arlie Lerena Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jess Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 9 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co - Mo.

FATHER 13. NAME R. C. Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo.

MOTHER 15. MAIDEN NAME Nancy Jane Rebury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

17. INFORMANT (ADDRESS) O. D. Lewis Warrensburg - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeton, Mo. DATE May 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney - Phillips Warrensburg, Mo.

20. FILED Mar 20, 1939 E. D. Gentry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1939 to Mar 18, 1939. I last saw him alive on Mar 18, 1939 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:
Lobular Pneumonia
bronchial

Date of onset Mar 11, 1939

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no injury
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) John T. Anderson M.D.
Warrensburg, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1 (2-38) I X14223

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/29/14

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,

S. Ray Swamey

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *S. Ray Swamey*

Licensed Embalmer No. *1120*

P. O. Address *Warrensburg*

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, above space should be left blank.