

1939 MAY 16 1939

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

14169  
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50  
(b) Township 1 Primary Registration District No. 3004 Registered No. 24  
(c) City Butler (d) Street No. W Pine St St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

Mrs Jeannette Ward  
(a) Residence, No. 1030 St. Butler (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Ward One  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 1948  
7. AGE YEARS 91 MONTHS 2 DAYS 12 IF LESS than 1 day, .....hrs. or .....min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Illinois  
13. NAME Mc Adams  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
15. MAIDEN NAME Don't know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
17. INFORMANT Mrs Roy Morrey (ADDRESS) Butler Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Wat Hill DATE April 23, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baileys Butler Mo  
20. FILED April 23, 1939 Hena L. Curlee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 4, 1939 to Apr 27, 1939  
I last saw him alive on April 16, 1939 Death is said to have occurred on the date stated above, at 12 midnight.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
General Debility  
Other contributory causes of importance: Chronic Myocarditis  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... 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.....  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify Chronic Myocarditis  
(Signed) Charles W. Lister, M. D.  
53 (Address) Butler, Mo.

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.

RECEIVED

District Health Officer No. 7;

District File Number 7-39-833

Date Filed 5-13-39

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**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.....

Licensed Embalmer No.....

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, above space should be left blank.

*no embalming*