

1939 OCT 19

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

32115
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 150
(b) Township Sherman Primary Registration District No. 4084
(c) City Creighton (d) Street No. _____ 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

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. T. Ward
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1871
7. AGE YEARS 68 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from September 12, 1939, to September 14, 1939
I last saw her alive on September 14, 1939. Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 _____

cc. cerebral hemorrhage Date of onset Sept 12 1939

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Banga Michigan

Other contributory causes of importance: hypertension

FATHER 13. NAME Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

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.

17. INFORMANT (ADDRESS) B. T. Ward Creighton Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant DATE Sep 19 1939

19. FUNERAL DIRECTOR (ADDRESS) Robert Arnold Creighton Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) R. J. Lowell (Address) Blairtown, Missouri

20. FILED Sep 20 1939 Mrs. W. J. Cleming Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Robert Arnold, Licensed Embalmer No. 3621
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Robert Arnold
Licensed Embalmer No. 3621

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.)