

MOOREY & CO.

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

40347
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid 2 Registration District No. 607
 (b) Township Portage Primary Registration District No. #361 Registered No. 62
 (c) City Portageville 1 (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 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

630 Rachael Lona Ward
 (a) Residence, No. Portageville, Mo 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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1939 to Nov 21, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5, 1865

I last seen alive on Aug 25, 1939. Death is said to have occurred on the date stated above, at 4:25 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 3 16

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

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) Aug 14, 39 11. Total time (years) spent in this occupation 55

Leucorrhoea of Stomach Date of onset May 19, 39
46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Center Wis

Other contributory causes of importance: Stomach trouble probably more 1913

13. NAME John Moon 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

15. MAIDEN NAME Louise Lutherbird

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Lona Fink
Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE Nov 22, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. M. Payne
Portageville, Mo.

20. FILED Nov 30, 1939 May W. York Local Registrar.

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

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? no
 If so, specify _____
 (Signed) Raymond C. Conrad M. D.
535 (Address) Portageville, Mo.

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

RECEIVED

District Health Officer No. 2

District File Number 1239-384

Date Filed 12-4

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.