

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

41048
Do not use this space.

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 281
 (c) City Nevada Mo or (d) Street No. 1250 N. Ash 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. 7 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Charley M. Ware
 (a) Residence, No. 1250 N. Ash 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

3. SEX M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Ware
6. DATE OF BIRTH (MONTH, DAY, YEAR) Not Known 1850
7. AGE YEARS 83 MONTHS Not Known DAYS Not Known If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Not Known Pike Co Kentucky
FATHER
13. NAME Richard Ware
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Pike Co Kentucky
MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (NAME AND ADDRESS) Mrs Mollie Ware 1250 N. Ash - Nevada Mo
18. BURIAL, CREMATION, OR REMOVAL Newton Cemetery DATE Nov 8 1939
19. FUNERAL DIRECTOR (NAME AND ADDRESS) Ferry Funeral Home Nevada Mo
20. FILED Nov 10 1939 Allen V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1939 to Nov 6 1939
 I last saw him live on Nov 5 1939 Death is said to have occurred on the date stated above, at 5 P. M.
 The principal cause of death and related causes of importance were as follows:
Enterocolitis
Senility
 Date of onset Don't Know
 Other contributory causes of importance:
Senility
 Name of operation none Date of no
 What test confirmed diagnosis? Exam 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
 so, specify _____
 (Signed) W. P. Love M. D.
 (Address) Nevada, 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 12-39-170
Date Filed 12-12-39

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 Personally

....., Registered Apprentice No.
working under my personal supervision.

Signed Playd B. Winnett

Licensed Embalmer No. 3857

P. O. Address Yucada, 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, above space should be left blank.