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FILED FEB 15 1940

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

4101
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 21
 (c) City Nevada (d) Street No. 1204 W. Walnut 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

Mollie Ware
 (a) Residence, No. 1204 W. Walnut 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Ware

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 1 7

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Jesse Maxwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky

MOTHER 15. MAIDEN NAME Margaret Stinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky

17. INFORMANT (ADDRESS) William Bills Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cemetery DATE Jan 24, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. H. ... Nevada, Mo.

20. FILED Jan 29, 1940 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1940

22. I HEREBY CERTIFY That I attended deceased from Jan 10, 1940 to Jan 22, 1940
 I last saw h. e. alive on Jan 16, 1940 Death is said to have occurred on the date stated above, at 3:00 A.M.

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

Cerebral Hemorrhage Date of onset Jan 16, 1940

Other contributory causes of importance:
Hypertension Don't Know

Name of operation none Date of ...
 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
 If so, specify
 (Signed) W. H. Love M. D.
 (Address) Nevada, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7.
District File Number 2-40-289
Date Filed 2-14-40

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

Signed Lloyd B. Winsett
Licensed Embalmer No. 3857
P. O. Address Ywada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)
If this body is not embalmed, above space should be left blank.