No. 2
21-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18233

FILED JUN 10 1940

Registration District No. 213 — Primary Registration District No. 3014 — Registrar's No. 125

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole.

(b) City or town Jefferson City Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole.

(c) City or town Eugene Mo. (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Daisie B. Ward. 630

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert B. Ward.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year) 1885

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation Housekeeper.

11. Industry or business

FATHER
12. Name Unknown. 1
13. Birthplace Unknown. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown. 1
15. Birthplace Unknown. (City, town, or county) (State or foreign country) 1

16. (a) Informant Robert B. Ward.

(b) Address Eugene Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ulman Mo

18. (a) Signature of funeral director Turner Service

(b) Address Jefferson City Mo.

19. (a) 5/13/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11. year 1940 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from May 10, 1940, 19__, to May 11, 1940, 19__ that I last saw her alive on May 11, 1940, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia (Lobular)	
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) 1

Address Jefferson City Mo. Date signed 5-11-40

(Licensed Embalmer's Statement on Reverse Side)

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 D. M. Davis, Registered Apprentice No. ..... working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.