

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FILED DEC 11 1940

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

40046
Do not use this space.

1. PLACE OF DEATH
 (a) County Wayne Registration District No. 893
 (b) Township Clinton Primary Registration District No. 6196 Registered No. _____
 (c) City Clubb, Mo (d) Street No. _____ (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 0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY MALINDA WARD
 (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

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 or (OR) WIFE OF Shulton Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

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) Clubb, Mo.

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

MOTHER
 15. MAIDEN NAME Martha Ward
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clubb, Mo.

17. INFORMANT (ADDRESS) Shulton Ward
Clubb, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried Cemetery DATE Mar. 19 1940

19. FUNERAL DIRECTOR (ADDRESS) J. C. Karpis
Clubb, Mo.

20. FILED 3/18 1940 G. F. Parkhurst
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to 3/18, 1940
 Last saw him alive on 5/15, 1940 Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:
Cancer of the Liver
 Date of onset 1938

Other contributory causes of importance:
40

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

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) O. A. Myers, M. D.
815 (Address) Greenville, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)