

Registration District No.

328

Primary Registration District No.

3017

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Grundy  
 (b) City or town TRENTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1549 Carver  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 7 years (Specify whether  
 years, months or days) \_\_\_\_\_

## 2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. 5 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22  
 year 1940 hour 12:45 minute 1 M.

21. I hereby certify that I attended the deceased from 1940  
to Nov. 22, 1940, to Nov. 22, 1940;  
 that I last saw him alive on Nov. 22, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis of J.V.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy none

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?

300 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. H. L. Williams M.D. (M. D. or other)  
 Address Trenton Mo. Date signed \_\_\_\_\_

## 3. (a) PRINT FULL NAME

James Roland WARD

3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. None4. Sex male5. Color or  
race white6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife

Minnie Myrtle Ward

6. (c) Age of husband or wife if

alive 56 years

7. Birth date of deceased

June  
(Month)7  
(Day)1884  
(Year)

8. AGE:

Years

Months

Days

If less than one day

66515

hr. \_\_\_\_\_ min.

9. Birthplace

Chicago  
(City, town, or county)Illinois  
(State or foreign country)

10. Usual occupation

Elevator Service Repair

11. Industry or business

E. L. Wahl Company

12. Name

unknown

13. Birthplace

unknown  
(City, town, or county)Illinois  
(State or foreign country)

14. Maiden name

Mary unknown

15. Birthplace

unknown  
(City, town, or county)unknown  
(State or foreign country)

16. (a) Informant

Minnie Myrtle Ward

(b) Address

Trenton, Missouri17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof

11-24-40  
(Month) (Day) (Year)

(c) Place: burial or cremation

Memorial Cemetery

18. (a) Signature of funeral director

Raymond A. Davis

(b) Address

Trenton, Missouri19. (a) 11-24-40

(Date received local registrar)

(b)

Drew H. Jarr

(Registrar's signature)

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

**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.....

*Robert B. Davis*

Registered Apprentice No. *212*

working under my personal supervision.

Signed.....

*Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Trenton, N.J.*

**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, fact should be so stated above.**