

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2728

Registration District No. 361

Primary Registration District No. 5506

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Missouri
 (b) City or town Rural - Cross Timbers
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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)

8. (a) PRINT FULL NAME Emma Belle Ward

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex fm 5. Color or race whl 6. (a) Single, widowed, married, widowed6. (b) Name of husband or wife W. Allen 6. (c) Age of husband or wife if _____7. Birth date of deceased Nov 20 1887
(Month) (Day) (Year)8. AGE: Years 88 Months 2 Days 2 If less than one day _____
hr. _____ min. _____9. Birthplace Belfast Ireland
(City, town, or county) (State or foreign country)10. Usual occupation Wife

11. Industry or business _____

12. Name Wm Ward13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Jane15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant Richard Ward(b) Address Cross Timbers Mo17. (a) Bureau (b) Date thereof 1/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cross Timbers, Mo18. (a) Signature of funeral director JR Luskey(b) Address Wheatland Mo19. (a) Jan 30 - 1946 (b) B. O. Overett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Missouri
 (c) City or town Rural - Cross Timbers
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour _____ minute 30 M.21. I hereby certify that I attended the deceased from Jan 20 to Jan 22, 1941
that I last saw her alive on Jan 20 and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia Duration 3 daysDue to Influenza 7 days

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? 322

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature La Kloss (M. D. or other) MDAddress Urbana Mo Date signed 1/24/41

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

RECEIVED

District Health Officer No. 7,

District File Number 2-41-308

Date Filed 2-11-41

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

Signed J.P. Luckey
Licensed Embalmer No. 29982
P. O. Address Whealland m

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.