

S. No. 2
-11-10-39
5-17-39
#1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3087**

FEB 17 1941

Registration District No. **431**

Primary Registration District No. **3023**

Registrar's No. **13**

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

1. PLACE OF DEATH:
(a) County **Johnson**
(b) City or town **Warrensburg**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **40 yrs.** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Atta Mae Ward**

8. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Thos. F. Ward** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 13 - 1877** (Month) (Day) (Year)

8. AGE: Years **63** Months **8** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Flora Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business _____

12. Name **Joseph Mc Mahan**

13. Birthplace **Unknown** (City, town or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edith Bolin** (b) Address **Granite City, Ill.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 23 - 1941** (Month) (Day) (Year)

(c) Place of burial or cremation **Graves Hill**

18. (a) Signature of funeral director **W. L. Bradley** (b) Address **Warrensburg, Mo.**

19. (a) **Jan 23 - 1941** (Date received local registrar) (b) **B. Beattie Hunt** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg**
(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? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** - day **21** year **1941** hour **11:15** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Jan 1** 1941 to **Jan 21** 1941; that I last saw her alive on **Jan 21** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**

Due to _____
Due to **influenza**
Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN
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?

(e) While at work? _____ (Specify type of place) _____
(f) Means of injury _____
23. Signature **W. L. Bradley** (M. D. or other) Address **Warrensburg, Mo.** Date signed **Jan 23 1941**

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-4-41

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 _____

Earl Priest

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg Mo

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.