. 2
4-41
7-39
X26390

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

FILED MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15566

Registration District No. 703 Primary Registration District No. 4424 Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Humansville
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 84
(a) State Missouri (b) County Polk
(c) City or town Humansville
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Artie Ward
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 18 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
50	8	11	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name N.R. Blackwell
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Manda Fisher
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Chas. Ward
(b) Address Humansville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Humansville, Mo
18. (a) Signature of funeral director Joseph & Firestone
(b) Address Humansville, Mo.
19. (a) Apr. 17-1941 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1941 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from Mar 19 40 to Mar 29 19 41 that I last saw her alive on Mar 29 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis Pulmonary & Intestinal	1 yr
Due to	
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 Roscoe C. Neuns (M. D. or other) M.D.
Address Humansville Mo Date signed 3-31-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-41-861
Date Filed 5-12-41

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 C. G. Hathaway, Registered Apprentice No. 269 working under my personal supervision.

Signed Paul Firestone

Licensed Embalmer No. 3990

P. O. Address Collins, Mo

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, fact should be so stated above.