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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19279

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 163

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ Rural - Washington

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos - 2 days (Specify whether years, months or days)

In this community 6 mos - 2 days

2. USUAL RESIDENCE OF DECEASED: St Louis

(a) State Missouri (b) County Vernon

(c) City or town St. Louis Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. 3127 Mexamec Street

(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Peter Ward

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 68 Months — Days — If less than one day — hr. — min.

9. Birthplace Ireland (City, town, or county) (State or foreign country)

10. Usual occupation Day laborer

11. Industry or business None

FATHER

12. Name John Ward

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

MOTHER

14. Maiden name Mary Unknown

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

16. (a) Informant Margaret Ward sister

(b) Address 3127 Mexamec St. St. Louis, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-29-1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Carp Funeral Service

(b) Address Nevada, Missouri

19. (a) 5-29-1941 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1940 hour 12:15 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 26, 1940, to May 28, 1941; that I last saw him alive on May 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility - Arteriosclerosis	

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 Ryan H. Fuller (M. D. or other) M.D.

Address Nevada, Mo. Date signed 5-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-41-976
Date Filed 6-10-44

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 Allen U. Karp

Licensed Embalmer No. 968

P. O. Address Nevada Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.