

12-40
7-39
K23159
12
7

REC'D JUN 9 1941

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 217

1. PLACE OF DEATH: Butler
(a) County Poplar Bluff
(b) City or town
(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - 9 days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME: HAMPTON POTILLA WARD
3. (b) If veteran, name war: None 3. (c) Social Security No. —

4. Sex: 0 male 5. Color or race: white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife: Roxanna Ward
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: June 1 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 23
If less than one day hr. min.

9. Birthplace: Wayne County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business

MOTHER FATHER { 12. Name: Johnson Ward
13. Birthplace: Unknown Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name: Virginia Ivy
15. Birthplace: Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant: Clady Ward
(b) Address: Clubb Mo.

17. (a) removal (b) Date thereof: 5/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Fredericktown Mo.

18. (a) Signature of funeral director: Stanley N. Dixon
(b) Address: Fredericktown, Mo.

19. (a) 5/24/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: ///
(a) State: Missouri (b) County: Wayne
(c) City or town: rural- Cowan Twp
(If outside city or town limits, write "RURAL")
(d) Street No.: 1 Mi. South of Clubb, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24
year 1941 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from May 15, 1941, to May 24, 1941,
that I last saw him alive on May 24, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death: Apoplexy

Due to: Senility - and HyperTension -
Due to: ?

Other conditions: 12 in'
(Include pregnancy within 3 months of death)

Major findings: None
Of operations: None
Of autopsy: None

Underline the cause to which death should be charged statistically.
6 Days
PHYSICIAN

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? —

23. Signature: D. P. Howe (M. D. or other) (1)
Address: Poplar Bluff Mo. Date signed: 5-24-41

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

RECEIVED
District Health Officer No
District File Number 641-7
Date Filed 6/6/41

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

William B. O'Connor

Licensed Embalmer No.

3975

P. O. Address

Fredericktown 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, fact should be so stated above.