

FILED OCT 10 1941

Registration District No. 10431

Primary Registration District No. 3023

State File No. _____

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(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

in this community 50 yrs.
years, months or days)3. (a) PRINT
FULL NAMEEffie Blanche Ward3. (b) If veteran, W. name war _____
3. (c) Social Security
No. 492-18-95384. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow

(b) Name of husband or wife _____ 6. (c) Age of husband or wife if

J. M. Ward alive _____ years
Birth date of deceased Aug-16-1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 0 16 hr. min.9. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business _____

12. Name R. M. Gladden13. Birthplace Henry Co. Mo.
(City, town, or county) (State or foreign country)14. Maiden name Edith Jane Burn15. Birthplace Madisonville, Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. E. J. McCormack(b) Address Warrensburg, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep-4-1941
(Month) (Day) (Year)(c) Place: burial or cremation Sunset Hill18. (a) Signature of funeral director Sweeney Phillips(b) Address Warrensburg, Mo.19. (a) Sept 3-1941 (Date received local registrar) (b) Edith M. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 2
year 1941 hour 1:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from

Feb 20 1941 to Sept 22 1941that I last saw him alive on Sept 22 1941

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Coronary embolism 7 mo.with myelocystitis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 94a

Of autopsy _____

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

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?

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

23. Signature O. B. Hall (M. D. or other)Address Warrensburg, Mo. Date signed 9/3/41

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-9-41

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.....

R. A. Phillips
working under my personal supervision.

....., Registered Apprentice No.....

Signed *R. A. Phillips*

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg*

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.