No. 2
4-13-40
5-17-40
I-X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 14 1941

Registration District No. 391

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36400

Primary Registration District No. 45-40 to 191

Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County: Wayne
(b) City or town: Benton Township
(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:
(a) State: (b) County: 111
(c) City or town: 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Sam M. Ward,

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Kitty Ward

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: February 15. 1866.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	6	4	hr. min.

9. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Railroad Employment

11. Industry or business:

FATHER
12. Name: Jeremiah Ward,
13. Birthplace: Illinois. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Branum
15. Birthplace: Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Oscar Ward
(b) Address: St. Louis, Mo.

17. (a) Patterson (Burial, cremation, or removal) (b) Date thereof: Aug. 21. 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Patterson, Mo.

18. (a) Signature of funeral director: F. L. Yates
(b) Address: Piedmont, Mo.

19. (a) 10-17-1941 (Date received local registrar) (b) F. L. Yates M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19 year 1941 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from 7-6-, 1941, to Aug 19, 1941; that I last saw him alive on Aug 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: 93d

Due to:

Other conditions (Include pregnancy within 3 months of death): Chronic Bronchitis + Chronic Gastritis

Major findings:
Of operations:
Of autopsy:

Duration

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: U

23. Signature: C. S. Davis M.D. (M. D. or other)
Address: Piedmont Mo. Date signed: 8-23-41

101 (Licensed Embalmer's Statement on Reverse Side)

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 Ida M. Yates

Licensed Embalmer No. 2572.

P. O. Address Piedmont, Me.

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36400

Registration District No. 891 Primary Registration District No. 4540 Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County: Wayne
(b) City or town: Benton Twp.
(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:
(a) State: Missouri (b) County: Wayne
(c) City or town: Piedmont, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sam M. Ward
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive (years)
7. Birth date of deceased: Feb. 13 1866 (Month) (Day) (Year)
8. AGE: Years 75 Months 6 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. Day 9 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY