

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38561

State File No. _____

Registration District No. 446

Primary Registration District No. 4248

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Sarcoxie, TAMM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sarcoxie /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 Years (Specify whether years, months or days)
In this community 55 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Sarcoxie 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th,
year 1941 hour 4:55 minute A. M.
21. I hereby certify that I attended the deceased from 9-11
1941, to 11-17-11 1941;
that I last saw her alive on 11-16- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
breast. Duration 1 year.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Hof
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 0
23. Signature W.B. York (M. B. or other) _____
Address Sarcoxie Date signed 11-18-41

3. (a) PRINT FULL NAME Ada B. Ward
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female/ 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H. B. Ward
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov. 15th, 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Nichols Junction, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Moody
13. Birthplace X Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Wattenbarger
15. Birthplace X Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. B. Ward
(b) Address Sarcoxie, Missouri.

17. (a) Burial (b) Date thereof 11-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) 11/18/41 Mrs. Lena Broadway
(Date received local registrar) (Registrar's signature)

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

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..... *E. J. [Signature]*

Licensed Embalmer No. *2222*

P. O. Address..... *Partridge*

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.