

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42280

State File No. _____

JAN 6 1942

Registration District No. 430

Primary Registration District No. 5586

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson, County,
(b) City or town Leeton, Mo. Wood Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 year,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
(c) City or town W.D. Leeton
(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 Harvey T. Ward.

3. (b) If veteran, name war no 3. (c) Social Security No. 492-14-2054

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Anetta Ward, 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January 13th, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 II 7 _____ hr. _____ min.

9. Birthplace Johnson Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife,

11. Industry or business _____

12. Name John J. Ward,

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

14. Maiden name Hanna M.

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

16. (a) Informant Mrs. Etta Ward,

(b) Address Leeton, Mo.

17. (a) Burial, (b) Date thereof Dec. 23, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Creek, Leeton,

18. (a) Signature of funeral director H.A. Bruminger

(b) Address Leeton, Mo.

19. (a) Dec. 20th 1941 (b) H.A. Bruminger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 41 hour 12:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Sept. 18,
1941 to Dec. 19, 1941;
that I last saw h. in alive on Dec. 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
Duration 10 yrs.

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?

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

23. Signature H.A. Bruminger (M. D. or other) D.O.

Address Leeton, Mo. Date signed 12/20/41

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

57
0
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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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

R. B. Bainger

Licensed Embalmer No. 3397

P. O. Address Sector, Md.

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.