

Registration District No. 607

Primary Registration District No. 4361

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Portageville  
(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 37 years years, months or days

3. (a) PRINT FULL NAME George William Ward

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Lora Burgess 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Sept 25 1910  
(Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days 16 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Robert W. Ward

13. Birthplace Henry County Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Rose

15. Birthplace Henry County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Lora Burgess Ward

(b) Address Portageville Mo

17. (a) Burial (b) Date thereof 12/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo

18. (a) Signature of funeral director L. H. Smith

(b) Address Portageville Mo

19. (a) 12-29-41 (b) Mary W. Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jennett  
(c) City or town Portageville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1941 hour 2:00 minute a.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Ran off of road into ditch with mud, plunging his head into  
Due to the road. Had licks on the head. Death due to suffocation

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 182-2

Of autopsy 16

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) Accident 75

(b) Date of occurrence Dec 11 - 1941

(c) Where did injury occur? Portageville, Missouri, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place Highway #61.  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. H. Smith (M.D. or other) \_\_\_\_\_

Address Portageville Mo Date signed 12-11-41

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

172660

RECEIVED

District Health Office No. 2,

District File Number 142-101

Date Filed 1-19-42

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 Joel C. Dean  
Licensed Embalmer No. 3941

P. O. Address Bohagtwille

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.