

FILED FEB 5 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3909

Do not use this space.

## 1. PLACE OF DEATH

(a) County Taney Registration District No. 1865  
(b) Township Jasper Primary Registration District No. 6143 6133 Registered No. 4  
(c) City Jasper (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mrs BELLE WARD  
(a) Residence, No. DAY MO St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
WIDOWED  
(OR) WIFE OF T Z Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. H W F  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know13. NAME PEARSON14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know15. MAIDEN NAME Dont know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know17. INFORMANT (ADDRESS) Sam Ward Day Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Scotby Cemetery DATE 11/2619. FUNERAL DIRECTOR (NAME) (ADDRESS) J. N. BEVINS Forsythe Mo20. FILED Dec 20, 1941 Lee Alms Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 194122. I HEREBY CERTIFY, That I attended deceased from June 10 1941 to Nov 23 1941

I last saw her alive on Aug 1 1941. Death is said to have occurred on the date stated above, at 2 P m.  
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency  
Date of onset 1939

Other contributory causes of importance  
Coronary Arteriosclerosis 1940

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify L. S. Stymates M. D.(Signed) Lee Alms (Address) Reeds Spring Mo

112 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14023

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 142-138

Date Filed JAN 16 1942

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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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**