No. 2
9-4-41
-17

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6298

FILED MAR 16 1942

Registration District No. 173 Primary Registration District No. 4104 Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County Chanton
(b) City or town Salisbury Town
(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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chanton
(c) City or town Salisbury
(If outside city or town limits, write "RURAL")
(d) Street No. 1 8 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ann Gola Ward
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Milton B Ward
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 15 (Day) 1852 (Year)

8. AGE: Years 90 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Elizabethtown (City, town, or county) Ky (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Jabez Nichols
13. Birthplace (City, town, or county) Virgi (State or foreign country)
MOTHER
14. Maiden name Mary Jane
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Mabel Eddie
(b) Address Salisbury Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury
18. (a) Signature of funeral director Geo B Winkelmayer
(b) Address Salisbury Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1942 hour 10 minute 30 M.
21. I hereby certify that I attended the deceased from Mch-1, 1942 to 2-25, 1942
that I last saw her alive on 2-25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hyperidiles — Duration
Due to Arterio Schlerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93d
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 G W Hawkins (M. D. or other)
Address Salisbury Mo Date signed 2/26/42

10 25

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-42

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 Kirk P. Winkelmeyer

Licensed Embalmer No. 3981

P. O. Address Salisbury Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp wi 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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6298

Registration District No. 175 Primary Registration District No. 4104 Registrar's No.

1. PLACE OF DEATH:

(a) County: Chariton

(b) City or town: Salisbury
(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

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ann G. Ward

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan (Month) 15 (Day) 1852 (Year)

8. AGE: Years 90 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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) 3/28/42 (Date received local registrar) (b) R. A. Gehring (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1942 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.

Immediate cause of death — Duration

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY