

FILED MAR 3 1942

Registration District No. 1942

Primary Registration District No. 4465

Registrar's No. X 4

1. PLACE OF DEATH: 1

(a) County St. Francis  
 (b) City or town Flat River, Mo.  
 (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 \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Mr. Thomas J. Ward  
 8. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white case 6. (a) Single, widowed, married, divorced, single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased June 19 1858  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>10</u>	hr. min.

9. Birthplace Harrington, Mo. R. F. D. no. 3. B  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
 12. Name Mr. William Ward  
 18. Birthplace North Carolina-Buncker Co.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary R. Landrum  
 15. Birthplace Knoxville, Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. N. Ward - Brother  
 (b) Address Cross St. Flat River, Mo.

17. (a) Burial (b) Date thereof Feb 1-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation R. G. Cemetery, Harrington, Mo.

18. (a) Signature of funeral director Alvin W. Hood  
 (b) Address 303 Crane St. Flat River, Mo.

19. (a) 1-31-42 (b) Byrche S. Buhmester  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
 year 1942 hour 11 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from Jan 24  
 1942 to Jan 29 1942  
 that I last saw him alive on Jan 29 1942  
 and that death occurred on the day and hour stated above.

Immediate cause of death Lobar pneumonia Duration 5 day  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions age  
 (Include pregnancy within 3 months of death) 108

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_  
 23. Signature J. W. Zupan (M. D. or other) D.O.  
 Address Flat River Date signed 1/31/42

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

94  
5  
2

RECEIVED

District Health Officer No. 4

District File Number 242-212

Date Filed 2-12-24

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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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St - Flat River, 7

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.