

FILED MAY 21 1942

Registration District No. 390

Primary Registration District No. 5546

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Rural; Arcadia Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Home for Aged Baptists  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs - 4 mos - 23 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

8. (a) PRINT FULL NAME William Thomas Ward

8. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

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

6. (b) Name of husband or wife Mary Mabel Mitchell 6. (c) Age of husband or wife if alive not known years

7. Birth date of deceased Aug. 5, 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chester Co. - Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Baptist Minister

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

12. Name Thomas Day Ward

14. Maiden name Mary Jane Jordan

15. Birthplace Henderson Co. Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Berry  
(b) Address Ironton, Mo.

17. (a) burial (b) Date thereof 4-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons  
(b) Address A. J. White Ironton Mo.

19. (a) 4-23-42 (b) Virginia P. Miller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1942 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from 1940  
\_\_\_\_\_ 19\_\_\_\_ to April 20th 1942  
that I last saw him alive on April 19th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Cerebral Hemorrhage  
& Paraly.

Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. E. Harland (M. D. or other) \_\_\_\_\_  
Address Ironton, Mo. Date signed 4/23/42

Duration \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

District Health Officer No. 4  
District File Number 542-625  
Date Filed 5-14-42

**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 Paul White  
Licensed Embalmer No. 3012  
P. O. Address Clinton Ave

**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.