

FILED AUG 21 1942

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

27496

Do not use this space.

1. PLACE OF DEATH  
 (a) County Jefferson Registration District No. 760  
 (b) Township Lestus Primary Registration District No. 3030  
 (c) City Lestus (d) Street No. 1 Registered No. 63  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 Kenneth Stanley Ward

(a) Residence, No. 0 St. 0  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23-1942

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 2

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. Infant

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Lestus  
 (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME Kenneth Stanley Ward  
 14. BIRTHPLACE (CITY OR TOWN) Glen Park  
 (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Violet B. Gray  
 16. BIRTHPLACE (CITY OR TOWN) Lestus  
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Kenneth S. Ward  
Lestus Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lestus Methodist DATE 7-26 1942

19. FUNERAL DIRECTOR (NAME) Link Und. Co.  
 (ADDRESS) Lestus Missouri

20. FILED July 30 1942 H. P. O'Brien  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1942

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on July 25, 1942 Death is said to have occurred on the date stated above, at 9:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Birth injury due to forceps delivery Date of onset \_\_\_\_\_

Other contributory causes of importance: 160c

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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 \_\_\_\_\_, 19\_\_\_\_  
 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 J. C. Rutledge, M. D.  
 (Signed) Lestus, Mo.  
 (Address)

1265 Licensed Embalmer's Statement on Reverse Side)

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

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.

FORM-1-42-53 I X14028

**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.

*not embalmed*  
Signed *[Signature]*

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.**