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SEP 15 1942

Registration District No. 301 Primary Registration District No. 60-32-450 Registrar's No. 1848

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan

(c) Name of hospital or institution: at home

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 55 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley

(c) City or town North end of town

(d) Street No. Doniphan

(e) Citizen of foreign country? native Born

3. (a) PRINT FULL NAME Wilson Bess Ward

(b) If veteran, name war _____

(c) Social Security No. _____

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

6. (b) Name of husband or wife Nora Depshaw 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov 10 1856

8. AGE: Years 85 Months 9 Days - If less than one day _____ hr. _____ min.

9. Birthplace Williamson Co Illinois

10. Usual occupation Farmer

11. Industry or business for self

12. Name A. J. Ward

13. Birthplace Illinois

14. Maiden name Mary Taylor

15. Birthplace Tennessee

16. (a) Informant Wiley J. Ward

(b) Address Poplar Bluff Mo

17. (a) Burial (b) Date thereof 8-11-42

(c) Place: burial or cremation Oak Ridge west

18. (a) Signature of funeral director B. E. Jordan

(b) Address Doniphan Mo

19. (a) 8-29-42 (b) G. B. Johnston

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 10 year 1942 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 6-1-1942 19____; that I last saw him alive on 6-1-1942 and that death occurred on the date and hour stated above.

Immediate cause of death Endo Carditis

Due to Atherosclerosis of brain

Due to Myocardial infarction

Other conditions (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 Edw. Adkinson (M. D. or other)

Address Doniphan, Mo Date signed 8-29-42

Duration _____

Underline the cause to which death should be charged statistically.

674

RECEIVED

District Health Officer No. 5,
District File Number 942857
Date Filed 9-14-42

HOOPER

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 E. Jordan
Licensed Embalmer No. 3200
P. O. Address Dorchester

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28060

Registration District No. 301

Primary Registration District No. 440d

Registrar's No. 1848

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan
(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)

3. (a) PRINT FULL NAME Wilson Bess Ward

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased Nov 10 1885
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 14
If less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

{ 14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 10 Year 1942 Hour 2 Minute 40 M.

21. I hereby certify that I attended the deceased from.....
19..... 19.....

that I last saw him..... live on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death: Endocarditis
apoplexy of brain
nephritis & (chronic)
arteriosclerosis

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration 2 yrs

PHYSICIAN 1318

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 J. Edgar Adamson (M. D. or other).....
Address Doniphan, Mo. Date signed 9-30-42

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

SUPPLEMENTARY

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