

FILED DEC 8 1942

208

Registration District No. Primary Registration District No. 4320

Registrar's No. 72

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Palmyra
(c) Name of hospital or institution: Town branch N.W. of High School 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Almeda Ward
(b) If veteran, name war No
(c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month November day 15
year 1942 hour 11 minute 00 P.M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife John B. Ward
(c) Age of husband or wife if alive years
7. Birth date of deceased November 3, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from, 19....., to, 19.....; that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 0 12 hr. min.

Immediate cause of death: Suicide by drowning

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

Due to.....
Due to.....

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name George Powell
13. Birthplace No record
(City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace No record
(City, town, or county) (State or foreign country)

Major findings: Of operations. 1648
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Hubert Johnson
(b) Address Hannibal, Mo.
17. (a) (Burial) (c) Date thereof 11/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 11/15/42
(c) Where did injury occur? Town branch, Palmyra Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Lewis Pross
(b) Address Palmyra, Mo.
19. (a) 11/19/42 (b) Mrs. Margaret Maddox
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
Signature Wm M. Smith 3 Coroner
Address 902 Broadway, Hannibal Date signed 11/17/42

DEC 8 1952

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

Robert Lewis

Licensed Embalmer No.

2382

P. O. Address

Salvage - Mo

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.