

FILED FEB 9 1943

Registration District No. 32

Primary Registration District No. 4043

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Marble Hill
(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 29 years (Specify whether years, months or days)
In this community 29 years

3. (a) PRINT FULL NAME Samuel Adolph Ward

3. (b) If veteran, name war 3. (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 Myrtle Ward 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Feb. 15 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 22 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Julius Ward
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Lou Craig
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant B. E. Ward
(b) Address Lutesville, Mo.
17. (a) Burial (b) Date thereof Jan 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinder's Chapel
18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. T. B. Graham

19. (a) Jan 8, 1943 (b) Mrs. Henry Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Marble Hill
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th
year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from 1/4/43 to 1/4/43
that I last saw him alive on 1/4/43 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis

Other conditions Hypertension
(Include pregnancy within 9 months of death)

Major findings: Of operations 83a
Of autopsy

PHYSICIAN

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature John J. Myers Date signed 1/8/43
Address

RECEIVED

District Health Officer No. 4
District File Number 243-1702
Date Filed 2-6-43

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.....

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.