

FILED FEB 8 1943

Registration District No. 341

Primary Registration District No. 6152-a -

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dexter Rl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Dexter R 1.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ida May Ward

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. John T. Ward 6. (c) Age of husband or wife if alive. 81 years
7. Birth date of deceased. April 29 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 14 ..hr.min.

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

10. Usual occupation. Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Willis Crain
13. Birthplace. Ill.
(City, town, or county) (State or foreign country)
14. Maiden name. Mary Grovener
15. Birthplace. Ill
(City, town, or county) (State or foreign country)

16. (a) Informant. John T. Ward
(b) Address. Dexter, Mo.

17. (a) Burial (b) Date thereof. 1/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Pleasant Grove

18. (a) Signature of funeral director. Blankenship-Strickland
(b) Address. Dexter, Mo.

19. (a) 1-14-43 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1943 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 13 1943 to Jan 13 1943
that I last saw her alive on Jan 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Paresthesia

Due to conary education

Due to.....

Other conditions. 94 h
(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)
(c) Means of injury.....

23. Signature. S.S. Klavins (M. D. or other)
Address. Dexter, Mo. Date signed 1/13/43

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Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1134

RECEIVED

District Health Office No.

District File Number 943-18

Date Filed 2-5-13

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.....

Licensed Embalmer No. 3479

P. O. Address Watts, 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.