

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21151

State File No.

LED JUL 12 1943

Registration District No. 18

Primary Registration District No. 3015

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(c) Name of hospital or institution: 501 West Cornhill.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
In this community 86 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 501 W Cornhill
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Johanna 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, Widowed
6. (b) Name of husband or wife John Ward 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased April 8 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 22 hr. min.

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

10. Usual occupation At home

MOTHER FATHER { 11. Industry or business
12. Name John Donneen
13. Birthplace Limerick Co. Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Herena Slattery
15. Birthplace Limerick Co. Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James B. French
(b) Address Cameron
17. (a) Burial (b) Date thereof July 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic.

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron

19. (a) 7-2-1943 Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 9:20 P.M. minute ----- M.

21. I hereby certify that I attended the deceased from June 30 to June 30, 1943
that I last saw her alive on June 30, 1943
and that death occurred on the same day and hour stated above.

Immediate cause of death Myocarditis
Duration -----
Due to -----
Due to -----
Other conditions -----
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: -----
Of operations -----
Of autopsy no
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 injury)

23. Signature M. L. Harris (M. D. or other)
Address Cameron Mo. Date signed 7/1/43

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

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

Herald I. Wade

Licensed Embalmer No.

4172

P. O. Address

Camden 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.