

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25084**
Registrar's No. **43**

ED JUL 21 1943

Primary Registration District No. **3024**

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

1. PLACE OF DEATH:

(a) County **Howard**
(b) City or town **Fayette**
(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
In this community..... (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**, (b) County **Howard**,
(c) City or town **Fayette**,
(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.....

3. (a) PRINT FULL NAME **hattie Ward**

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

4. Sex **Female** 5. Color or race **Black** 6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **November 17th 1874**
(Month) (Day) (Year)

8. AGE: Years **68** Months **7** Days **6** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Peter White**
13. Birthplace **Virginia** (City, town, or county) (State or foreign country)
14. Maiden name **Francis White**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Billy White**
(b) Address **Fayette, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-25-1943** (Month) (Day) (Year)
(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **Guy T. Halley**

(b) Address **Fayette, Mo.**

19. (a) **6-25-1943** (Date received local registrar) (b) **W. H. Miller** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23** year **1943** hour **8** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **June 23**, 19**43** to **June 23**, 19**43**
that I last saw her alive on **June 23**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation**
Due to **Chc myocarditis**
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**

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 **W. H. Miller** (M. D.)
Address **City Hospital, Fayette, Mo.** Date signed

Duration

3m

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 7-13-43

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..... *Gray T. Hallen*

Licensed Embalmer No. 2966

P. O. Address *Fayetteville, 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.