

35037

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 12 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage

(c) Name of hospital or institution: 807 Orner 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 807 Orner
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maxie Orene Ward

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased June 22 1939
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
4	3	9	hr. min.

9. Birthplace Carthage 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation - - -

11. Industry or business None

12. Name Cleo Ward

13. Birthplace Harrison County 0 Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Morris

15. Birthplace Howell County 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Ward

(b) Address 807 Orner, Carthage, Mo.

17. (a) Burial (b) Date thereof Oct. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Oct. 5, 1943 (b) Elyadette Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1943 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 26 1943 to Oct 1 1943
that I last saw him alive on Oct 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Primary Carcinoma Left Kidney

Due to ? 520

Other conditions: Generalized metastasis
(Include pregnancy within 3 months of death)

Major findings: Of operations May 4-43 - nephrectomy (large) - degenerated Kidney

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?

(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 Lloyd B. Clifton M. D. or other
Address Carthage, Mo. Date signed 10/5/43

Duration

7 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
42
7-39
X32873

1203

(Licensed Embalmer's Statement on Reverse Side)

48-10-927

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.....
Emmal Stueell

Licensed Embalmer No.....
391

P. O. Address.....
Carthage 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.