S. No. 2
M—5-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46065

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 382

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1816 Patchen St (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 Marion 64
(c) City or town Hannibal (If outside city or town limits, write "RURAL") 3
(d) Street No. 1816 Patchen St. (If rural, give location) 4
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth 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 Thomas E Ward
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 27 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
83	2	17	hr. min.

9. Birthplace Carrol Co (City, town, or county) Ill (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Unknowing
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs Harry W. Fleer
(b) Address Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery Palmyra Mo
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 12-14-43 (Date received local registrar) (b) R. N. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1943 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from Sept 1 1943, to Dec. 14 1943
that I last saw her alive on Dec. 13 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic gangrene of feet	30 days
Due to: Diabetes mellitus	10 yrs.
Due to: Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 61	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H B Norton (M. D. ~~or other~~)
Address Hannibal Mo Date signed 12/14/43

1144

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.