

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3920**

FILED FEB 8 1944 74

Registration District No. _____ Primary Registration District No. **3052** Registrar's No. **25**

1. PLACE OF DEATH
Pettis
(a) County **Sedalia Mo.**
(b) City or town **Sedalia Mo.**
(c) Name of hospital or institution **Bothwell Hospital**
(d) Length of stay: In hospital or institution **One Day**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Pettis**
(c) City or town **Sedalia Mo. LA-MONTE**
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John L. Ward**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **I** day **I6**
year **1944** hour **11** minute **A** M.
21. I hereby certify that I attended the deceased from **Jan 15** to **Jan 16**, 1944
that I last saw him alive on **Jan 16** and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **15** years
7. Birth date of deceased **Oct 15 1855**

Immediate cause of death **Pneumonia Bronchial**
Due to _____
Due to **Influenza**
Other conditions _____
Major findings: Of operations **33a**
Of autopsy _____

8. AGE: Years **89** Months **3** Days **I** If less than one day _____ hr. _____ min.
9. Birthplace **Lafayette Co. Mo.**
10. Usual occupation **Farmer**

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

11. Industry or business _____
12. Name **Mathew Ward**
13. Birthplace **North Carolina**
14. Maiden name **Don't Know**
15. Birthplace **9**

16. (a) Informant **Glover Ward**
(b) Address **La Monte Mo.**
17. (a) **Burial** (b) Date thereof **I-18-44**
(c) Place burial or cremation **Blackwater Chapel B.F. Parker La Monte Mo.**
18. (a) Signature of funeral director **B.F. Parker**
(b) Address **La Monte Mo.**
19. (a) **1-18-44** (b) **Anna Berger**

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? _____
23. Signature **John L. Ward** (M. D. or other) _____
Address **Sedalia** Date signed **1/18-44**

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

MOTHER FATHER

1022

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-7-47

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 B. J. Carson
Licensed Embalmer No. 1592
P. O. Address La Monte 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.