

3. No. 2  
M-2-43  
5-17-39  
I-X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8176

State File No. \_\_\_\_\_

FILED MAR 30 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 6074

Registrar's No. 35

1. PLACE OF DEATH

(a) County: St. Francois

(b) City or town: Clinton, Mo. P. I. No. 1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RURAL RANDOLPH  
(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: St. Francois

(c) City or town: Clinton, Mo. P. I. No. 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Mrs. Gelda Pearl Ward

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1944 hour 5 minute 30 P.M.

4. Sex: Female 5. Color or race: White (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mr. Noah B. Ward 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 19 1904  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1944, to 2-15, 1944, that I last saw her alive on 2-17, 1944, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>9</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death: myocarditis, acute dilatative

Due to: Tuberc degeneration

Due to: \_\_\_\_\_

9. Birthplace: Clinton, Mo. P. I. No. 1 (City, town, or county) (State or foreign country)

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

10. Usual occupation: Housewife

Major findings: \_\_\_\_\_ Of operations: \_\_\_\_\_ Of autopsy: \_\_\_\_\_

93d

11. Industry or business \_\_\_\_\_

12. Name: Mr. Joe French

13. Birthplace: Franklin County, Mo (City, town, or county) (State or foreign country)

14. Maiden name: The Caroline White

15. Birthplace: Franklin County, Mo (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence: \_\_\_\_\_

16. (a) Informant: Mr. Harley French, Brother

(b) Address: Osage, Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: Feb. 21-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn, Leadville, Mo

(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: \_\_\_\_\_

18. (a) Signature of funeral director: Alvin W. Wood

(b) Address: 303 Elias St - Flat River, Mo

19. (a) Feb. 25-1944 (Date received local registrar) (b) Dyadic Birkmeester (Registrar's signature)

23. Signature: W. D. Duckworth (M. D. or other) MD

Address: W. D. Duckworth Date signed: 2-24-44

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

74  
0  
0

1146

(Licensed Embalmer's Statement on Reverse Side) DESLOGE, MO.

RECEIVED

District Health Officer No. 4  
District File Number 344-348  
Date Filed 3-7-44

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crown St. Fall River, Mass.

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.