No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11665

FILED MAR 18 1944

Registration District No. ~~318~~ 263 Primary Registration District No. 5888 Registrar's No. 2 2

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: near Lutie mo (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) several years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

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

(d) Street No. near Lutie mo (If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME AUSTIN. EZRA. WARD

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ettie

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Mar. (Month) 5 (Day) 1885 (Year)

8. AGE: Years 58 Months 11 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Pope Co (City, town, or county) mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Pete Ward
13. Birthplace Pope Co (City, town, or county) mo (State or foreign country)

MOTHER
14. Maiden name Sally Bruce
15. Birthplace Kingman (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ettie Ward

(b) Address Lutie mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15-44 (Month) (Day) (Year)

(c) Place: burial or cremation Lutie mo

18. (a) Signature of funeral director M. G. Clare

(b) Address Fairview mo

19. (a) 2-15-1944 (Date received local registrar) (b) Mary F. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13. 44 year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from July 16, 1943, to Feb 13, 1943; that I last saw him alive on Feb 11th, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prostatic Carcinoma	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 M. J. Hoerman (M. D. or other) 30

Address Fairview mo Date signed 2-15-44

584 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 344-335
Date Filed MAR 16 1944

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Gainesville

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.

no