V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24489

FILED JUL 20 1944

Registration District No. 7 Primary Registration District No. 3016 Registrar's No. 157

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1109 Moreau Drive (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City (If outside city or town limits, write "RURAL") 5
(d) Street No. 1109 Moreau Drive (If rural, give location) 4
(e) Citizen of foreign country? no (Yes or No) 6
If yes, name country

3. (a) PRINT FULL NAME Warren Thomas Ward
3. (b) If veteran, name war
3. (c) Social Security No. 493-09-5937
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Ward
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July (Month) 30 (Day) 1878 (Year)
8. AGE: Years 65 Months 11 Days 4 If less than one day hr. min.
9. Birthplace Wardsville, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Shoe Salesman
11. Industry or business "
FATHER 12. Name W. N. Ward
13. Birthplace Va (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ann Lansdown
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant W. B. Ward
(b) Address Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-7-1944 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery
18. (a) Signature of funeral director Murphy Gordon
(b) Address Jefferson City, Missouri
19. (a) 7-5-44 (Date received local registrar) (b) Thomas Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1944 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from July 4 1944 to July 4 1944 that I last saw him alive on July 4 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolism	2 hrs
Due to: Hypertension	10 yrs.
Due to: Cerebral Hemorrhage	5 hrs
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 [illegible] (M. D. or other)
Address Jefferson City Date signed July 5, 1944

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1945

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-19-44

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 Thorpe J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City 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.