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PY 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 10 1944  
267

Registration District No. ....

Primary Registration District No. 3049

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Penicook  
(b) City or town Nazt  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Penicook 7P  
(c) City or town Nazt (If outside city or town limits, write "RURAL")  
(d) Street No. 1 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) N  
If yes, name country.....

3. (a) PRINT FULL NAME HILDA IRENE 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, married

6. (b) Name of husband or wife Walter Ward 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 33 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Home wife

11. Industry or business Home

12. Name Emerett Sturm

13. Birthplace Engen (City, town, or county) Ind (State or foreign country)

14. Maiden name Myrtle Coyte

15. Birthplace Unkn (City, town, or county) (State or foreign country)

16. (a) Informant Walter Ward

(b) Address Nazt

17. (a) Burial (b) Date thereof 9-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Nazt mo

18. (a) Signature of funeral director Valhalla Funeral Home

(b) Address Nazt mo

19. (a) 9-19-44 (b) J. A. Johnson (Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1944 hour 3 minute --- P. M.

21. I hereby certify that I attended the deceased from 9-18-44 to 9-19-44 that I last saw or alive on 9-18-44 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 2 wks

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature L. D. Denton (M.D. or other) MD  
Address Nazt Date signed 9/19/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18  
2  
1

1327

(Licensed Embalmer's Statement on Reverse Side)

