. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24719

Registration District No. 28 Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 523 So. 6th st. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike
(c) City or town: Louisiana (If outside city or town limits, write "RURAL")
(d) Street No.: 523 So. 6th (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Frank Ward

3. (b) If veteran, name war: no

3. (c) Social Security No.: No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Julia Ann Ward

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

7. Birth date of deceased: October (Month) 18 (Day) 1870 (Year)

8. AGE: Years 74 | Months 7 | Days 20 | ~~If less than one day~~ ~~hr.~~ ~~min.~~

9. Birthplace: Marion Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

MOTHER FATHER
12. Name: (?) Ward
13. Birthplace: (?) (?) (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Annie Fritz
15. Birthplace: England (City, town, or county) (State or foreign country)

16. (a) Informant: Elmer Ward
(b) Address: Louisiana, Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof:** June 10 (Month) 45 (Day) (Year)
(c) Place: burial or cremation: Auvaside, Mo.

18. (a) Signature of funeral director: F C Haley
(b) Address: Louisiana, Mo.

19. (a) June 9/45 (Date received in registrar) **(b)** F C Haley (Registrar's signature) Deputy

1164

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1945 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 3 1945 to June 8 1945 that I last saw him alive on June 7 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration
Due to:
Due to:
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 9/40

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: W. M. Pearson (M. D. or other)
Address: Louisiana, Mo. Date signed: 6/8/45

RECEIVED
District Health Officer No. 10
District File Number 7-45-1047
Date Filed JUL 1-2 1945

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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 2773

P. O. Address Louisiana, 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.