

FILED AUG 20 1945

Registration District No. 32 Primary Registration District No. 3006

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1309 Windsor St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA ALICE 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 - 29 - 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>11</u>	hr. _____ min.

9. Birthplace Dyersburg Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Benjamin F. Ward

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

14. Maiden name Mary Frances Green Tenn.

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

16. (a) Informant Mrs. Inex Nittle
(b) Address Los Angeles, Calif.

17. (a) Removal (b) Date thereof 7-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (c) Signature of funeral director Parson Funeral Service
(b) Address Columbia, Mo.

19. (a) 7-12-45 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10
year 1945 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 6, 1944, to July 10, 1945.
that I last saw her alive on July 10, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 8
Due to Arteriosclerosis 54

Due to Had had asthma for past 5 years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no op Of autopsy no 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 W. K. Schmidt (M. D. or other) _____
Address Columbia, Mo Date signed 7-15-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-16-45

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 AP. N. Whitisides

Licensed Embalmer No. 3893

P. O. Address Columbia, Md.

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.