S. No. 2
M—8-43
7. 5-17-39
X37823

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. 27329

FILED SEP 13 1945

Registration District No. ____ Primary Registration District No. 4186 Registrar's No. 29

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Sullivan, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 40 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Sullivan, (If outside city or town limits, write "RURAL") 4
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Charles A. Ward.
3. (b) If veteran, name war No
3. (c) Social Security No. ____
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased April, 27, 1887 (Month) (Day) (Year)

8. AGE: Years 58 | Months 4 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Rolla, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Labor
11. Industry or business ____
MOTHER FATHER
12. Name John Ward,
13. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Mary Kingston,
15. Birthplace Ind. (City, town, or county) 1 (State or foreign country)
16. (a) Informant John Ward,
(b) Address Sullivan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Mo.
18. (a) Signature of funeral director J. T. Williams
(b) Address Sullivan, Mo.
19. (a) 8-30-45 (Date received local registrar) (b) Gilbert Gelhaus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1945 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from Aug 27, 1945 to 8/27, 1945 that I last saw h alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Primary Cancinoma	
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, public place? (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: L. T. Sawyer (M. D. or other)
Address Sullivan Mo Date signed 8-30-45

112.1 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-12-45

FEB 4 1946

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 J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.