

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED SEP 7 1945 STANDARD CERTIFICATE OF DEATH

28783
State File No. _____
Registrar's No. 108

Registration District No. 360 Primary Registration District No. 3076

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
728 West Arch 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 728 West Arch
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margarett Carqilli Ward
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 20
year 1945 hour 5 minute 10 P.M.

4. Sex Female 5. Color or race W
6. (a) Single widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased January 16 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 20, 1945, to Aug 20, 1945
that I last saw her alive on Aug 20 and that death occurred on the date and hour stated above.
Immediate cause of death _____
Central Hemorrhage

8. AGE: Years 61 Months 7 Days 4
If less than one day _____ hr. _____ min.

Duration _____
Due to Arteriosclerosis
Due to _____

9. Birthplace Illery Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name David Carqiel
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Armeda Butts
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Albert Carqiel
(b) Address _____
17. (a) Burial (b) Date thereof Aug 23 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Supwood
18. (a) Signature of funeral director Fred Funeral Home
(b) Address Denver Missouri
19. (a) 8-30-45 (b) Dozel B. Beurch
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of Injury _____
23. Signature J. H. Boyer (M. D. or other)
Address Nevada, Mo Date signed 8/25/45

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

MOTHER FATHER

1331

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

8-43-876

9-5-43

SEP 12 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 MLP

Registered Apprentice No. _____

working under my personal supervision.

Signed L. B. Terry

Licensed Embalmer No. 1660

P. O. Address Kenner 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.