

FILED NOV 29 1945

Registration District No. 275

Primary Registration District No. 3053

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

1. PLACE OF DEATH:

(a) County Rolla

(b) City or town Rolla

(c) Name of hospital or institution: McFarland Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles N.W. of Fickling MO
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Hosea E. Ward

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31, year 1945 hour _____ minute 9 M.

21. I hereby certify that I attended the deceased from Oct. 28, 1945, to Oct. 31, 1945; that I last saw him alive on Oct. 31, 1945; and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Zaddy Ward

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Aug 27, 1893
(Month) (Day) (Year)

Immediate cause of death General peritonitis Duration _____

8. AGE: Years 52 Months 2 Days 4 If less than one day _____ hr. _____ min.

Due to Ruptured appendix

Due to _____

9. Birthplace Fickling MO
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy 12 inch

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Marj Ward

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

14. Maiden name Julia Reed

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

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 Zaddy Ward

(b) Address Fickling MO

17. (a) Burial (b) Date thereof 11-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spaey Cem

While at work? _____ (Specify type of place)

(a) Signature of funeral director Smith Ferguson (b) Means of injury 0

(b) Address Fickling MO

23. Signature Wesley W. Frank M. D. or other _____

(a) Date received local registrar Nov. 6, 1945 (b) Mad Juanita Harvey (Registrar's signature)

Address Rolla, Mo Date signed 10-31-45

18. (a) Signature of funeral director Smith Ferguson

(b) Address Fickling MO

19. (a) Nov. 6, 1945 (b) Mad Juanita Harvey
(Date received local registrar) (Registrar's signature)

1703

APR 16 1947

DEC - 5 1945

JAN 3 1955

DEC 1 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.