

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3406

FILED FEB 13 1946
Registration District No. 224

Primary Registration District No. 2046

State File No. _____

Registrar's No. 39

1. PLACE OF DEATH: Moniteau Co.
 (a) County Moniteau Co.
 (b) City or town California, Mo. Walker
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 330 S Oak St. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Yrs
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau
 (c) City or town California, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 330 S Oak St
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

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

4. Sex Male d 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 29 1888
 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 17
 If less than one day hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Thomas Ward
 13. Birthplace England 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary J. Hummel
 15. Birthplace Penna
 (City, town, or county) (State or foreign country)

16. (a) Informant Leg. H. Ward
 (b) Address California, Mo.
 17. (a) Burial (b) Date thereof Jan. 16, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Avalon Cemt.

18. (a) Signature of funeral director Bowlin Funeral Home
 (b) Address California, Mo.

19. (a) 1-16-46 (b) H.R. Papezoy
 (Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 14
 year 1946 hour 11 minute A.M.
 21. I hereby certify that I attended the deceased from Jan 8 to Jan 11 1946
 that I last saw him alive on Jan 9 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis
 Duration _____
 Due to _____
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations a7
 Of autopsy _____
 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?
 While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature H. Papezoy (M.D. or other) J.D.
 Address California, Mo. Date signed 1/16/46

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

1510

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 2-11-46

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 M. E.

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Edward R. Boulton

Licensed Embalmer No. 2126

P. O. Address California 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.