S. No. 2
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. 5-17-39
I X37823

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

5718

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6762

Registration District No. 284 Primary Registration District No. 5975 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Polk Rural McKinley (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 Miles East of Huron Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Polk Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles East of Huron (If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Martin Luther Ward

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased Aug. 9, 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name William B. Ward
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Melcena Ellen Wyatt
15. Birthplace Cedar County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lee Rosenburg

(b) Address 1839 N. Jefferson Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Ernest Blue

(b) Address Bolivar Mo

19. (a) 2-28 1946 (Date received local registrar) (b) Mae Zumwalt Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23, year 1946 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from Feb 15, 1946, to Feb 23, 1946 that I last saw him alive on Feb 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene foot.

Due to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

97

Duration

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 D. W. McCrar (M. D. or other)

Address Bolivar Date signed

260

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 2-46-136
Date Filed 3-5-46

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

Signed Richard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, 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.