

No. 2
M-5-43
5-17-39
1 X36671

FILED APR 6 1946

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 93

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
323 S Arch St 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 11 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion
 (c) City or town Hannibal
(If outside city or town limits, write "RURAL")
 (d) Street No. 323 S Arch
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 21
 year 1946 hour 3 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Feb 21, 1946 to Feb 24, 1946
 that I last saw her alive on Feb 23, 1946
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Helen J Ward 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased October 31 1885
(Month) (Day) (Year)

Immediate cause of death Cerebral Haemorrhage 3 days
 Due to Hypertension 7 1/2
 Due to Cardio-vascular 1
 Other conditions Renal disease
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
60 3 23 - hr. - min.

PHYSICIAN _____
 Major findings: Of operations _____
 Of autopsy 1316
 Underline the cause to which death should be charged statistically.

9. Birthplace Nodaway county Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Traveling salesman
 11. Industry or business Wright Hardware company
 12. Name John Ward
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Eva Baldwin
 15. Birthplace Indiana
(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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Affaraca (M. D. or other) _____
 Address Hannibal Mo Date signed Feb 27 1946

16. (a) Informant Mrs Helen J Ward
 (b) Address 323 S Arch Hannibal, Mo.
 17. (a) Burial (b) Date thereof Feb 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Int. Union cemetery
 18. (a) Signature of funeral director Roy P. Schwart
 (b) Address 1000 Broadway Hannibal, Mo.
 19. (a) 3-5-46 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

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

9032

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(Licensed Embalmer's Statement on Reverse Side)

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 George T Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal, 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.