

Registration District No. 369

Primary Registration District No. 4538

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Piedmont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Piedmont
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Ward

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Samuel Ward 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 3 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife
Home

11. Industry or business _____

12. Name George Britton
13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Ward
(b) Address Piedmont, Mo.

17. (a) Burial (b) Date thereof 10/7/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson, Mo.

18. (a) Signature of funeral director Norman W. Gish

(b) Address Piedmont, Mo.

19. (a) Oct. 16-1946 (b) Lucie E. Piles
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1946 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 10
1946 to Oct. 5, 1946
that I last saw him alive on Oct 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart
Due to myocarditis

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

Major findings:
Of operations _____
Of autopsy 108

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 0

23. Signature L. E. Vanoy (M. D. or other) _____
Address Redmont, Mo. Date signed 10-22

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
34764

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 *Norman W. Gish*
Licensed Embalmer No. *3387*
P. O. Address *Durham N.C.*

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.**