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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35978

State File No.

FILED NOV 25 1946

Registration District No. Primary Registration District No. 3000 Registrar's No. 416

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Laughlin Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
In this community 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 912 W. Gardner
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jackie Sue Ward

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 4 (Day) 1946 (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name Jack Ward

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

14. Maiden name Doris Spencer

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

16. (a) Informant Jack Ward

(b) Address Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/46 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cmt.

18. (a) Signature of funeral director D E Riley

(b) Address Kirksville, Missouri

19. (a) 11-14-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1946 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 4, 1946 to November 7, 1946, that I last saw h. alive on November 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Patent foramen ovale — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 15 7E

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? Means of injury

23. Signature Mildred Leibach D.O. (M. D. or other)

Address Kirksville Mo Date signed 11-11-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 46-2073
Date Filed NOV 22 1946

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 D E R Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.