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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

36764

Registration District No. 133 Primary Registration District No. 3022 State File No. _____ Registrar's No. 112

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Reid. 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Min.
(Specify whether years, months or days)
 In this community 43 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alvy Ward.
 3. (b) If veteran, name war no 3. (c) Social Security No. 493-18-8784
 4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Adelia Ward 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased 6 - 8 - 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>5</u>	<u>13</u>	hr. _____ min.

9. Birthplace Harrison County, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farm laborer

11. Industry or business Farm
 12. Name James A. Ward. 0
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Delta Blessing
 15. Birthplace do not know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Adelia Ward
 (b) Address New Hampton, Mo.
 17. (a) Burial (b) Date thereof 11-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation White Oak.

18. (a) Signature of funeral director M. H. Lane
 (b) Address Bethany, Mo.
 19. (a) 11-30-46 (b) Zola Bunker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Harrison 41
 (c) City or town New Hampton, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. Butler Twp.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____ no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
 year 1946 hour 4 minute 30 P M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Car accident
 Due to Car + truck collision
Head Crushed.
 Other conditions 170 c-8
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 22

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence Nov 21, 1946 41
 (c) Where did injury occur? Harrison Co Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway 69 6 mi South Bethany
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Joe E. Wheeler (M. Coroner) 3
 Address Bethany Mo Date signed Nov 26 1946

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

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

MOTHER FATHER

116

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *W. S. Lane*

Licensed Embalmer No. *3899*

P. O. Address *Bethany 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.

Registration District No. 133 Primary Registration District No. 3022

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(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 years, months or days)

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

5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased June (Month) 1946 (Year)

8. AGE: Years 43 Months Days If less than one day hr. min.

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

10. Usual occupation
11. Industry or business

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

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

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) Nov. 30-46 (Date received local registrar) (b) Zola Burris (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH Month 11 Day 19 Hour 10 Minute 15 M.
21. I hereby certify that I attended the deceased from 1946 to 1946 that I last saw him alive and that death occurred on the date and hour stated above. Immediate cause of death

Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

1958

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