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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

36774

State File No.

Registration District No. 133 Primary Registration District No. 30-22-5483 Registrar's No. 111

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

35594

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 57 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town New Hampton, Rural.
(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

3. (a) PRINT FULL NAME Arthur H. Ward.

3. (b) If veteran, name war World War I

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Julia.

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

7. Birth date of deceased 11 (Month) 4 (Day) 1889 (Year)

8. AGE: Years 57 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name James A. Ward
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Della Blessing.
15. Birthplace do not know (City, town, or county) (State or foreign country)

16. (a) Informant Adelia Ward
(b) Address New Hampton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak.

18. (a) Signature of funeral director [signature]
(b) Address Bethany, Mo.

19. (a) 11-26-46 (Date received local registrar) (b) Jala Burris (by Hook) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1946 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Car accident.

Due to Car and Truck Collision

Due to Head Crushed right leg and right arm broken

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 41

(b) Date of occurrence Nov 21 1946

(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.D. or other) Coroner

Address Bethany Mo Nov 26 Date signed 1946

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.