

No. 2  
-8-43  
S-17-39  
K37823

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

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43756  
Registrar's No. 2178

FILED FEB 17 1947  
Registration District No. 6044

Primary Registration District No. 6044

1. PLACE OF DEATH:

(a) County Ripley  
 (b) City or town rural Washington  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1 mi. S. of Fairdealing  
 (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 Hettie L. 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 Mitchel Ward  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 25 1879  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 5 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation house keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Arch L Branch 7  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Jane Huson  
 15. Birthplace Ripley Co Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Loyd Ward  
 (b) Address Fairdealing, mo.

17. (a) Burial (b) Date thereof 12/18/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairdealing  
Minnie Osh

18. (a) Signature of funeral director Naylor, Mo.

(b) Address 67-47  
 19. (a) 67-47 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91  
 (c) City or town rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 mi. S. of Fairdealing  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12  
 year 1946 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from Nov 15 1946 to Dec 12 1946  
 that I last saw her alive on Nov 1 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death carelessness of fuel and stopcock  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions none  
 (Include pregnancy within 3 months of death)

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

Major findings:  
 Of operations no  
 Of autopsy no

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? [check] (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 [Signature] M.D. or other \_\_\_\_\_  
 Address Naylor Date signed 1/24/47

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**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

*Bryan Mc Cord*

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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.**