

No. 2
-12-45
5-17-39
I X47070

FILED FEB 4 1947

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 21

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington - RURAL - St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 das.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MAUDIE MAE WARD

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edgar Ward 6. (c) Age of husband or wife if alive Age Unknown years
7. Birth date of deceased February 16, 1898
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew M. Kelly

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

14. Maiden name Eliza Jane Pippins

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 1-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mem. Cem., Malden, Mo.

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Missouri

19. (a) 1-29-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 94
(c) City or town Malden
(If outside city or town limits, write "RURAL")
(d) Street No. 801 Ohio St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1947 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from December 21st
to January 1, 1947
that I last saw her alive on January 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 2 days

Due to _____

Due to _____

Other conditions Unrecognized Pyelitis 1 wk
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 104

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? _____ (e) Means of injury _____

23. Signature Sumner H. ...
Address Farmington, Mo Date signed 1/1/47

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

MOTHER FATHER

RECEIVED

Metric Officer No. 4
Metric File Number 247-173
Date Filed 2-3-47

FEB 6 1947

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.....

C. H. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.