

S. No. 2  
M-5-43  
5-17-39  
I X36871

**FILED MAR 25 1947**

Registration District No. **274**

Primary Registration District No. **59274406**

Registrar's No. **57**

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

**1. PLACE OF DEATH:**

(a) County Pettis

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) Since He was child Since 1919 in Green Ridge Mo

**3. (a) PRINT FULL NAME** Chas Robert Ward

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Emma Rucke Ward

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 20 1870  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>22</u>	hr. min.

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

10. Usual occupation Farmen & Booksmith

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

**MOTHER** { 12. Name Henry Ward

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

14. Maiden name Jane Kell

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

16. (a) Informant Charles W Ward

(b) Address Green Ridge Mo

17. (a) Burial (b) Date thereof 7/14/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge Cems

18. (a) Signature of funeral director L. E. Redman

(b) Address Green Ridge Mo

19. (a) Feb 16 1947 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Pettis

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 12  
year 1947 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from Nov 18, 1947, to Feb 12, 1947  
that I last saw him alive on Feb 10, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H6 B

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

**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 H. A. Hite (M. D. or other) MD

Address Green Ridge Mo Date signed 2/13/47

251

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-24-67

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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

*L. L. Ramm*

Licensed Embalmer No.

1881

P. O. Address

Green Ridge M

**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.**