

FILED APR 23 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14277

State File No. \_\_\_\_\_

Registration District No. 218

Primary Registration District No. 5790

Registrar's No. 24

1. PLACE OF BIRTH:

(a) County Mississippi

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 6 mo. 16 Day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 10 miles South E. Prairie  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

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

3. (a) PRINT FULL NAME FLORENCE E. WARD

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

3. (c) Social Security No. None

4. Sex Female 5. Color or race Col.

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Sept. 13, 1946  
(Month) (Day) (Year)

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

6 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Robert Lee Ward

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

14. Maiden name Charity Mary Chappel

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

16. (a) Informant Robert Lee Ward

(b) Address East Prairie, Mo. Rt. 1

17. (a) Burial (b) Date thereof 3-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie, Mo.

19. (a) 4-29-47 (b) Gertrude S. Harper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1947 hour 5:15 minute 2 M.

21. I hereby certify that I attended the deceased from Attended in person  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death According to family informant death due to Lobar Pneumonia Duration 2 da

Due to no similar infection

Due to no medical attention

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: Of operations 108

Of autopsy none

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 John F. Hummel (Date of death) 3-31-47  
Address Charleston MO Date signed 3-31-47

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

RECEIVED

District Health Office No. 2,

District File Number 447-595

Date Filed 4-21-47

**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.

*Not Embalmed*

Signed.....

*2726*  
Licensed Embalmer No. *James Kelly*

P. O. Address *East Prarie, 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.**