. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 27 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36773

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 195

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State School
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs. 2mos. 1day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 97
(c) City or town Louisiana 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thelma Ruth 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 18, 1928 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
19	5	3	hr. min.

9. Birthplace Mexico, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Elmer C. Ward
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alma Clymer
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Records — Missouri State School
(b) Address Marshall, Missouri
17. (a) Removal (b) Date thereof 9/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Mo.
18. (a) Signature of funeral director Campbell-Lunn
(b) Address Marshall Mo
19. (a) 9-22-1947 (b) Sidney T. Gray 295
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21
year 1947 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from September 19, 1947 to September 20, 1947; that I last saw her alive on September 19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions Epilepsy (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93E

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature R. O. Keller (M. D. ~~or other~~)
Address Marshall Mo Date signed 9-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....R. W. Campbell Jr.

Licensed Embalmer No.....3469

P. O. Address.....Marshall 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.