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y. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 706

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether)
In this community 49 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dunklin 35
(c) City or town Campbell (If outside city or town limits, write "RURAL") 1
(d) Street No. — (If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Robert K. Ward

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Selena Ward
6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October (Month) 8 (Day) 1871 (Year)

8. AGE: Years 76 Months 3 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Terre Haute (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business —

FATHER
12. Name Joe Ward
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha A. Salone
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Ward
(b) Address Campbell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Woodlawn Cemetery

18. (a) Signature of funeral director Floyd Russell
(b) Address Piggott, Ark.

19. (a) 1-19-48 (Date received local registrar) (b) Mrs. Beulah Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17 year 48 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 2nd 1947 to Jan 16th 1948 and that I last saw him alive on Jan 16th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardio-Vascular disease — Duration: 1 + yrs.

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Wallace A. Nelson (M. D. or other) M.D.
Address Campbell, Mo. Date signed 1/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 48-156
Date Filed 1-27-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.