No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11843

FILED MAY 7 1948

Registration District No. 66 Primary Registration District No. 5256 Registrar's No. 21

21 0

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

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Sunmer Rural
(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 1 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton 21 0
(c) City or town Sunmer Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Cunningham Twp.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John E Ward
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Ward
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March (Month) 31 (Day) 1897 (Year)

8. AGE: Years 51 Months Days 15 If less than one day hr. min.

9. Birthplace Triphett Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Walter J. Ward
13. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Mary West
15. Birthplace Brunswick Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant Lena Ward
(b) Address Sunmer, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunmer Mo
18. (a) Signature of funeral director S. L. Leipard
(b) Address Mendon Mo
19. (a) April 16 '48 (Date received local registrar) (b) Martha Clark (Registrar's signature) 57

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1948 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1943 to Apr 15 1948
that I last saw him alive on Apr 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Ascending Spinal Sclerosis finally producing Exhaustion of all body structures — Duration Several years
Due to
Due to Heredity.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 J. W. Hardy M.D. (M. D. or other)
Address Sunmer Mo Date signed 4/19/48

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 5-6-48

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 S. L. Shepard

Licensed Embalmer No. 3970

P. O. Address Meadow 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.