

No. 2
1-1947
5-17-39

12031

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

FILED APR 28 1948

Primary Registration District No. 4173

Registrar's No. 14

34

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0

1. PLACE OF DEATH:

(a) County... Douglas

(b) City or town... Ava
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Douglas 34

(c) City or town... Ava
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME... Della Mae Ward

3. (b) If veteran, No name war _____

3. (c) Social Security No. None

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... June 22, 1948
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	9	2	_____ hr. _____ min.

9. Birthplace... Ava, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation... Child

11. Industry or business... Grant Ward

12. Name... Ozark, County, Missouri

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

14. Maiden name... Della Strong.

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

16. (a) Informant... Ava, Missouri

(b) Address... Burial

17. (a) _____ (b) Date thereof... 3-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Loftin

18. (a) Signature of funeral director... Friends

(b) Address... Ava, Missouri

19. (a) 3-31-48 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 24
year... 1948 hour... 7 minute... 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h... alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death...
Acute Myocardial Failure
acute Bacterial Endocarditis

Due to...
Due to...
Other conditions...
(Include pregnancy within _____ months of death)

Duration
1 1/2 days
1 week
1 week
PHYSICIAN
Underline the cause of which death should be charged statistically.

Major findings:
Of operations...
Of autopsy...
3B

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... M. C. ... (M. D. or other)
Address... Ava Date signed... 3-27-48

RECEIVED

District Health Officer No. 67

District File Number 448-524

Date Filed APR 26 1948

Parents did not want body embalmed

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 W.B. Hutchinson

Licensed Embalmer No. 3437

P. O. Address Area 2nd

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.