

FILED MAY 12 1948 9370
Registration District No.

Primary Registration District No. 6255

State File No.
Registrar's No. 12

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Hiram (Rural)
(c) Name of hospital or institution /
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wayne
(c) City or town Hiram (Rural)
(d) Street No. Cowan Township
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Mary E Ward
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 22 1868

8. AGE: Years 84 Months 9 Days 17
If less than one day hr. min.

9. Birthplace Wayne Co. Mo

10. Usual occupation Farmer

11. Industry or business

12. Name Andrew Jackson Ward

13. Birthplace D.K. 9

14. Maiden name Lucrecia Harris

15. Birthplace D.K. 9

16. (a) Informant Mrs Stella Minions

(b) Address Cantada Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof Feb. 13/48

(c) Place: burial or cremation Turkey Creek Cem.

18. (a) Signature of funeral director William Cochran

(b) Address Piedmont, Mo.

19. (a) Date received local registrar April 27-48 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1948 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb Jan 26 1948 to Feb 2 1948
that I last saw him alive on 2/2/48 and that death occurred on the date and hour stated above.

Immediate cause of death: Re-compensatory heart-arteriosclerosis hypertension cerebral hemorrhage

Due to
Due to
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature: J. H. Cochran M.D.
Address: Piedmont, Mo. Date signed 3/15/48

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

RECEIVED

Sanitary Health Officer No. 4

Subject File Number 548-630

Date Filed 5-11-48

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.....

Coder Funeral Home

Registered Apprentice No.....

working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont

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.