

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 24 1948
Registration District No. 187

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26960
Registrar's No. 106

Primary Registration District No. 3040

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(c) Name of hospital or institution:
60 Cherry St.
(d) Length of stay: In hospital or institution 45 yrs
In this community 45 yrs

3. (a) PRINT FULL NAME Emma Ward
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 5. Color 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 December 1, 1853

8. AGE: Years 92 Months 8 Days 10 If less than one day — hr. — min.

9. Birthplace Monticello (City, town, or county) Ill (State or foreign country)

10. Usual occupation at home

11. Industry or business —

MOTHER FATHER
12. Name Jessie G. Ward
13. Birthplace Ill
14. Maiden name Tamara Blanchard
15. Birthplace Ill

16. (a) Informant Mrs. Viola Anderson
(b) Address Chillicothe Mo

17. (a) Burial (b) Date thereof 8/14/48
(c) Place: burial or cremation Chillicothe Mo

18. (a) Signature of funeral director Donald T. Gordon
(b) Address Chillicothe Mo

19. (a) Aug 13/48 (b) Francis B. Neill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(d) Street No. 60 Cherry St.
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 11 year 1948 hour 8 minute 40 P.M.
21. I hereby certify that I attended the deceased from 2 Aug to 11 Aug, 1948, that I last saw her alive on 11 Aug, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, hypostatic
Due to anemia, nutritional + senile dementia
Due to arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) —
Major findings: Of operations — Of autopsy —

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? —

23. Signature Charles M. Grace (M. D. or other) Med
Address Chillicothe Mo Date signed 17 Aug

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Ronald P. Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.