

FILED OCT 1 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30670

Registration District No. 282

Primary Registration District No. 1424

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Humanville  
(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 18 years  
years, months or days

3. (a) PRINT FULL NAME John F. 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 Margaret J. Ward 6. (c) Age of husband or wife if alive 87 years  
7. Birth date of deceased Nov. 3 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 10 31 hr. min.

9. Birthplace Green Cassel Ind. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER  
12. Name Samuel Ward  
13. Birthplace Terre Haute Ind. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Rhoden  
15. Birthplace Terre Haute Ind. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Pealer  
(b) Address Humanville, Mo.  
17. (a) Burial (b) Date thereof Sept. 25-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Humanville Cem.

18. (a) Signature of funeral director E. H. ...  
(b) Address Humanville, Mo.  
19. (a) 9-25-48 (b) Ralph Herder  
(Date received local registrar) (Registrar's signature) (c) E. H. ...

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84  
(c) City or town Humanville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23  
year 1948 hour 3 minut 25 A.M.

21. I hereby certify that I attended the deceased from June 1945, to Sept 21, 1948, that I last saw h. i. m. alive on Sept 21, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis years  
Due to Hypertension & Jacksonian Epilepsy years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 3 P  
Of autopsy 7 2  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2-

23. Signature J. E. Weber, M.D. (M. D. or other) Dr.  
Address Humanville, Mo. Date signed 9-23-48

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

RECEIVED

District Health Officer No. 7;

District File Number 8-48-1131

Date Filed 9-29-48

---

---

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.....

William W. Northrop

....., Registered Apprentice No. 247

working under my personal supervision.

Signed.....

E. H. Pinner

Licensed Embalmer No. 4282

P. O. Address Humansville, Va

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.