

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36103

State File No.

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(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

3. (a) PRINT FULL NAME Louis Pierce Ware

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Ware 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 13th 1898 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Luther Mo near Beaufort (City, town, or county) (State or foreign country)

10. Usual occupation Retired Businessman

11. Industry or business

12. Name George Ware
13. Birthplace Andover Mo (City, town, or county) (State or foreign country)
14. Maiden name Martha Hendrix
15. Birthplace Union Mo (City, town, or county) (State or foreign country)

16. (a) Informant Eshe L. Ware

(b) Address Union Mo

17. (a) Burial (b) Date thereof 12/11/1948 (Month) (Day) (Year)

(c) Place: burial or cremation Union Union Mo

18. (a) Signature of funeral director E. F. Ottmann

(b) Address Union Mo

19. (a) Nov. 30, 1948 (b) H. L. Senny (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union (If outside city or town limits, write "RURAL")
(d) Street No. 1 North Oak St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 28th
year 1948 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 1948, to _____, 1948,
that I last saw him alive on 11-28, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Buergetts Disease Duration 5 days

Due to _____

Due to _____

Other conditions Coronary Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 99

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 _____

23. Signature H. L. Senny (M. D. or other) MD

Address Union Mo Date signed 11-29-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed DEC 6 1948

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.....

E. F. Ottman

Licensed Embalmer No. *1686*

P. O. Address *Union m*

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.