

S. No. 300
DM-10-47
Rev. 5-17-39
I 3908

Registration District No. 1576 Primary Registration District No. 2901 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community 33 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 2622 Yuma Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Raymond Alfred WARD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Constance Ward 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased October 26th 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45	2	0	hr. min.
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9. Birthplace Verona Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Woodstock Typewriter Co.

12. Name Isaac Freeman Ward

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

14. Maiden name Mary Viney

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

16. (a) Informant Mrs Constance Ward

(b) Address 2622 Yuma Ave. Joplin, Mo.

17. (a) Burial (b) Date thereof Dec 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Thornhill-Dillon Mort.

(b) Address 305 West 4th St. Joplin, Mo.

19. (a) 12-30-48 (b) Gold
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th, year 1948 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 24, 1948, to Dec 27, 1948;

that I last saw h. im alive on Dec 26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Being curboxis of liver Duration 2 yrs.

Due to _____

Due to _____

Other conditions 124B
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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) _____

Means of injury _____

23. Signature Vigil E. Jones (D. of other) _____
(Date received local registrar) (Signature) (Address) (Date signed)

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

JEANS 5210

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 *Edwin M. Henry*
Licensed Embalmer No. 3562

P. O. Address *Joplin 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.