

No. 300
10.48

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20345

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 27

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Came)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paragould Rural Rt.#1</u>	
c. LENGTH OF STAY (in this place) <u>?</u>		d. STREET ADDRESS (If rural, give location) <u>Parma, Rt.#3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>Clara</u> c. (Last) <u>Day</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 15, 1887</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Jackson, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>George Franklin Ward</u>	13b. MOTHER'S MAIDEN NAME <u>Adelle Rousell</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Day</u>	ADDRESS <u>Parma, Rt. #1</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Uterus</u>		<u>?</u>
	ANTECEDENT CAUSES I saw this patient only 3 times, first in Oct. 1948 and last on day of death Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1948</u> and last on day of death DUE TO (c)		<u>1714</u> <u>1741</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1948, to June 23, 1949, that I last saw the deceased alive on June 23, 1949, and that death occurred at 10:30 P., from the causes and on the date stated above.

23a. SIGNATURE <u>Am. Bailey M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>112.N. Madison</u>	23c. DATE SIGNED <u>June 24</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pine City cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Paragould, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>7/2/49</u>	REGISTRAR'S SIGNATURE <u>Dr. R. S. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Randall S. Mitchell</u>	ADDRESS <u>Paragould, Ark.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Public Health Office No. 2

District File Number 749-10

Date Filed JUL 6 1949

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.