

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 38994

BIRTH NO. 39359-49 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 102

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>	
c. LENGTH OF STAY (in this place) <u>3 Hrs 15</u>		d. STREET ADDRESS (If rural, give location) <u>Mo. Delta Comm. Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobbie</u>		b. (Middle) <u>Jean</u> c. (Last) <u>Ward</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 23 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 28, 1949</u>
9. AGE (In years last birthday) <u>3</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Hessie B. Watson</u>	
14. NAME OF HUSBAND OR WIFE <u>Infant</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>William Ward</u>		ADDRESS <u>Morehouse, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dioshen Non-Specific</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <u>8-17</u> , 19 <u>49</u> , to <u>8-23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-23</u> , 19 <u>49</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>F. M. Jones</u>		23b. ADDRESS <u>Morehouse Mo.</u>	
23c. DATE SIGNED <u>8-24-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>Swendet Cemetery West End of Sikeston, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u>	
DATE REC'D BY LOCAL REG <u>Aug 25-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith</u>		ADDRESS <u>1212 Main St</u>	

RECEIVED AUG 29 1949
District Health Office No. 2,
District File Number 842-865
Date Filed _____

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.

Student
Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.