

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008

9181

Do not use this space.

2946

1. PLACE OF DEATH

(a) County...../ Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 630 Frank B Ward St. WA Eminence, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Ward.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1890

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>49</u>	<u>1</u>	<u>18</u>		

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Missouri

FATHER 13. NAME John Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summers Indiana

MOTHER 15. MAIDEN NAME Minnie Barton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Bessie Ward (ADDRESS) Eminence

18. BURIAL, CREMATION, OR REMOVAL PLACE Venburn Mo DATE 3-26-1939

19. FUNERAL DIRECTOR (NAME) Coy-Luchel Wid's (ADDRESS) Venburn Mo

20. FILED J. B. Beck (Address) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-9-39, 19, to 3-26-39, 19.

I last saw him alive on 3-26-39, 19. Death is said to have occurred on the date stated above, at 7⁵⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Actinomycosis
lung
Abdomen
Brain

Date of onset

Aug 1938

Other contributory causes of importance: MS

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Edward Messel, M. D.

(Address) BARNES HOSPITAL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 *Howard R Rawland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis, 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, above space should be left blank.