

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10210
 Do not use this space.

REC'D APR 7 1939

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 86
 (b) Township Washington Primary Registration District No. 5127
 (c) City St. Joseph (d) Street No. Route # 6 Registered No. 25
 (e) Length of residence in city or town where death occurred 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gracia Gertrude Ward
 (a) Residence, No. Route # 6 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur T. Ward
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1883
 7. AGE YEARS 55 MONTHS 5 DAYS 8 IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. own home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 39
 12. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Nebraska
 FATHER 13. NAME William R. Graham
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia
 MOTHER 15. MAIDEN NAME Emma Morrison
 16. BIRTHPLACE (CITY OR TOWN) Centerville (STATE OR COUNTRY) Iowa

17. INFORMANT Arthur T. Ward (ADDRESS) Route # 6, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Mora Cem. DATE March 24, 1939

19. FUNERAL DIRECTOR (NAME) Clark Mortuary (ADDRESS) 5025 King Hill Ave., St. Joseph, Mo.

20. FILED Mar. 23, 1939 Myrtle M. Harrison Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938, to Mar 22, 1939
 I last saw her alive on Mar 21, 1938. Death is said to have occurred on the date stated above, at 7:30 a. m.
 The principal cause of death and related causes of importance were as follows:

Cancer of the liver
 Date of onset probably about June 1839

Other contributory causes of importance: 46

Name of operation v Date of v
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
 If so, specify H. A. Robertson, M. D.
 (Signed) H. A. Robertson, M. D. (Address) St. Joseph Mo

District No. 117
District File Number 39-125
Date Filed APR 1 1939

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

Earl Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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.