

Registration District No. 00269 1939

Primary Registration District No. 3002

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1125 E. Liberty St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 Yrs. 5 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martin Luther Ward 630

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Doc Susie B. Ward 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 9, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Retired Blacksmith

11. Industry or business _____

12. Name Lee Ward 9

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

14. Maiden name Susie Morris
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mary Ward

(b) Address Madison, Ill.

17. (a) Burial (b) Date thereof Sept. 28, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olney, Mo.

18. (a) Signature of funeral director Paul E. Pugh

(b) Address Mexico, Mo.

19. (a) Sept 27 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 E. Liberty
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1939 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1939, to Sept. 26, 1939
that I last saw him alive on Sept. 26, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypostatic Pneumonia
Lobar
Due to Sarcoma of knee joint (left)
Due to Trauma

Duration
9/25/39
1936
1936

Other conditions (include pregnancy within 3 months of death) 57

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) (e) Means of injury _____
23. Signature H. J. [unclear]
Address Mexico, Mo. Date signed 9/27/39

MARGIN RESERVED FOR BINDING

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

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1757

Date Filed OCT 9 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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.