

OCT 20 1939

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

32582  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson 3 Registration District No. 403  
(b) Township Brookline 1 Primary Registration District No. 5557  
(c) City Raytown (d) Street No. 37th + Blue Ridge Blvd Registered No. 50 Highway + Harris Rd on  
(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 W. MARLIN W. WARD  
(a) Residence, No. 37th + Blue Ridge Blvd 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 Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1918  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 1 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed  
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) Mo Fall (Harrison Co) Missouri

FATHER 13. NAME Emil H Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hentry Co. Missouri

MOTHER 15. MAIDEN NAME Artelin Katson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Missouri

17. INFORMANT (ADDRESS) Emil H Ward 37th + Blue Ridge Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE Sept 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Rupert Raytown Mo

20. FILED 9-11-39 W. C. Banks Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-39, 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Death by Carbon Monoxide Poisoning from Car Exhaust  
Date of onset

Other contributory causes of importance: 104

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 9-9-39  
Where did injury occur? 50 Highway and Harris road  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury from exhaust to Exhaust Gas  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) Russell W. Jones, M. D.  
(Address) Raytown

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.

**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, .....

*E. Clark Hegert*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*E. Clark Hegert*

Licensed Embalmer No. *3983*

P. O. Address *Raytown 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.**