

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.

Registration District No. 15

Primary Registration District No. 60 20-A

Registrar's No. 65

1. PLACE OF DEATH:
 (a) County St. Francis
 (b) City or town Bonne Terre Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bonne Terre Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
 In this community 24 years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francis
 (c) City or town Farmington
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Nettie Ward. 630
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 11
 year 1939 hour 7 minute 9 M.
 21. I hereby certify that I attended the deceased from 8-31
 _____, 1939, to 9-11, 1939
 that I last saw her alive on 9-10, 1939
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death General Peritonitis, terminal bronchopneumonia
 Due to Empyema of gallbladder
 Due to gallbladder drainage, surgical
 Other conditions _____
(Includes pregnancy within 3 months of death)

7. Birth date of deceased May 6 1871
(Month) (Day) (Year)
 8. AGE: Years 68 Months 4 Days 5
If less than one day hr. _____ min. _____

Major findings:
 Of operations Empyema of gallbladder; cholecystectomy
 Of autopsy intestinal fistula

9. Birthplace Missouri.
(City, town, or county) (State or foreign country)
 10. Usual occupation Matron Of Orphan Home

11. Industry or business _____
 12. Name Oliver Ward.
 13. Birthplace Ohio, Missouri.
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Ky.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature Oliver Ward
 (b) Address St. Joseph Missouri
 17. (a) Removal (b) Date thereof Sept. 12 39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Breckindridge, Mo.
 18. (a) Signature of funeral director Richardson Funeral Farmington Mo.
 (b) Address _____
 19. (a) Sept. 12, 1939 (b) M. W. Hawkins
(Date received local registrar) (Registrar's signature)

23. Signature Richard Couch M.D.
(Specify type of place) (M. D. or other)
 Address Farmington, Mo. Date signed 9-11-39

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 Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Farmington 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.