

35467

State File No. \_\_\_\_\_

Registrar's No. 206

# MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 73

Primary Registration District No. 3006

NOV 20 1939

1. PLACE OF DEATH: Boone  
 (a) County Boone  
 (b) City or town Columbia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Boone Co. Hospl  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Days  
 (Specify whether years, months or days) 5 Days  
 In this community \_\_\_\_\_

3. (a) PRINT FULL NAME John McBride WARD 630  
 3. (b) If veteran, name war. No  
 3. (c) Social Security No. No

4. Sex male 5. Color or race White  
 4. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Effie Ward  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased Sept 26 1876  
 (Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 21  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dawn-Livingston Co Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Furniture Undertaking

11. Industry or business "Anderson Ward"

12. Name Anderson Ward  
 18. Birthplace Indiana  
 (City, town, or county) (State or foreign country)

14. Maiden name Rose Ann Bazarth  
 15. Birthplace Boone Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl J Ward  
 (b) Address Columbia, Mo

17. (a) Burial (b) Date thereof Oct 19, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAWSON Mo

18. (a) Signature of funeral director R. Overcast  
 (b) Address Columbia, Mo.

19. (a) 10/18/39 (b) Allie Babby  
 (Date received local registrar) (Registrar's signature)

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

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
 year 1939 hour 2 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct 14 1939 to Oct 17 1939;  
 that I last saw him alive on Oct 17 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis + prostatic obstruction  
 Due to uremia

Due to \_\_\_\_\_  
 Other conditions 12/10  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. A. Beyskett (M. D. or other) \_\_\_\_\_  
 Address Columbia Date signed 10/17/39

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

REV. 5-17-39  
1 x 1931

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, or by me

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

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Me

**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.**