

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.

JAN 27 1939

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

42815
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1293
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.
 (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 Roger William Ward
 (a) Residence, No. 3402 Renick Street St. 1
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 15, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. infant
 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) St. Joseph, Missouri.

FATHER 13. NAME William A. Ward
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pawnee Oklahoma

MOTHER 15. MAIDEN NAME Ruth Isabell Jensen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

17. INFORMANT William A. Ward
 (ADDRESS) St. Joseph, Missouri.

18. BURIAL, CREMATION, OR REMOVAL St. Joseph, Missouri
Methodist Cemetery DATE December 16, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer
 (ADDRESS) 1302 Faraon St., St. Joseph, Mo.

20. FILED 12/17 1939 H. J. Westphal
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Stillborn 1939 to Dec. 15, 1939
 I last saw him in in utero, 1939. Death is said to have occurred on the date stated above, at 11:30a.
 The principal cause of death and related causes of importance were as follows:
Stillborn (Prolonged Labor)

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis Ch. misc. 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 _____ (Signed) S. O. Senor, M. D.
 (Address) 722 1/2 Francis, St. Joseph

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.

Not Embalmed.

Signed J.H. Kelly

Licensed Embalmer No. 3946

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.