

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

42851  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Ruchanan Registration District No. 85  
 (b) Township 2 Primary Registration District No. 1001 Registered No. 1332  
 (c) City Saint Joseph (d) Street No. 1409 So, 5th Street 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. 4 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

630 Jerry Allen Ward  
 (a) Residence, No. 1409 South 5th Street St.   
 (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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 4 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Saint Joseph,  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Charles James Ward  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Texas

MOTHER 15. MAIDEN NAME Gladv Evans  
 16. BIRTHPLACE (CITY OR TOWN) Springfield,  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Charles J. Ward  
 (ADDRESS) 1409 South 5th street

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Ashland Cemetery DATE Dec. 28, 1939

19. FUNERAL DIRECTOR (NAME) E. R. Sidenfaden Funerals  
 (ADDRESS) 602 South 10th street

20. FILED 12/28 1939 H. J. Neatle  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1939, to Dec 27, 1939

I last saw him alive on Dec 23, 1939. Death is said to have occurred on the date stated above, at 3:40 Am.

The principal cause of death and related causes of importance were as follows:

Acute Influenzal Gastro-Enteritis

Date of onset Dec 20, 1939

Other contributory causes of importance: None

Name of operation None Date of None  
 What test confirmed diagnosis? clinical 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 None

(Signed) Gordon DeWight, M. D.  
 (Address) 845 So 19 St, Saint Joseph, Mo

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, & by.....

.....Mollie E. Sidenfaden....., Registered Apprentice No. 145  
working under my personal supervision.

Signed.....

*R. V. Kerst*

Licensed Embalmer No. 3876

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.**