

Registration District No. **290** Primary Registration District No. **5408 1114**

1. PLACE OF DEATH:
(a) County Dunklin **2**
(b) City or town Beauchamp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

8. (a) PRINT FULL NAME Donald Lee Ward **610**
8. (b) If veteran, name was Infant **8. (c) Social Security** No. _____
4. Sex M **5. Color or race** White **6. (a) Single, widowed, married,** divorced _____
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** alive _____ years
7. Birth date of deceased: Nov. 30 - 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 0 min. _____

9. Birthplace: Beauchamp, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: _____

12. Name: Lee Ward **9**

13. Birthplace: Map, Rayon
(City, town, or county) (State or foreign country)

14. Maiden name: Donald Gibson

15. Birthplace: Stoddard Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: R. F. Gibson

(b) Address: Beauchamp, Mo.

17. (a) Burial **(b) Date thereof:** 11-30-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beauchamp, Mo.

18. (a) Signature of funeral director: M. Daniel
(b) Address: Beauchamp, Mo.

19. (a) Jan-6-1940 **(b) D. S. M. Daniel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County 1
(c) City or town _____ (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1939 hour _____ minute 9 A. M.

21. I hereby certify that I attended the deceased from Still Born 19____ to _____, 19____;
that I last saw h_____ alive on 5 Still Born, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death untimely
prematurely injury to
mother &

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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: Robert J. Martin (M. D. or other) _____

Address Beauchamp, Mo. Date signed 1-1-40

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.

RECEIVED

District Health Officer No. 3,

District File Number 140-817

Date Filed 1/19/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.