

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. 431

Primary Registration District No. 2023

Registrar's No. 71

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Warrensburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 yrs
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Warrensburg
 (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 Mrs Ella Ward Daly 40
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 27 year 1940 hour 11 minute _____ A. M.

4. Sex Female 5. Color or race white
 6. (a) Name of husband or wife J. C. Daly 6. (a) Single, widowed, married, divorced Widow
 7. Birth date of deceased June 24 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1940 to May 27 1940
 that I last saw her alive on 5-26-40 and that death occurred on the date and hour stated above.
 Immediate cause of death Tuberculosis (Inletted) Duration ?

8. AGE: Years 66 Months 11 Days 3 If less than one day _____ hr. _____ min.

Due to Pulmo - T. B. 7
 Due to _____ 77

9. Birthplace Linnecock Co. Ireland
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation Housekeeper
 11. Industry or business _____
 12. Name Thos. Ward
 13. Birthplace Linnecock Co. Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret O'Sullivan
 15. Birthplace Linnecock Co. Ireland
 (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? _____
 (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Mrs. William Porter
 (b) Address _____
 17. (a) Burial (b) Date thereof May 29-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Synact, Mo.
 18. (a) Signature of funeral director Sweetens-Phillips
 (b) Address Warrensburg - Mo.
 19. (a) May 28-1940 (b) E. A. Gentry
 (Date received local registrar) (Registrar's signature)

23. Signature P. J. Williams (M. D. or other) _____
 Address Warrensburg, Mo. Date signed 5-28-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-5-40

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.....

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

Signed Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg, 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.