

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28145

Registration District No. 117 Primary Registration District No. 5169

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Camden
 (b) City or town Camdenton Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0
 (Specify whether life)
 In this community life
 years, months or days

3. (a) PRINT FULL NAMES Thomas Arthur Ezard
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex male 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lillie Ezard
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Feb 19 1878
 (Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Lin Creek, Camden MO
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Jackson Ezard
 13. Birthplace England
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Georgia Ann Brown
 15. Birthplace Camden Co MO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature LILLIE BARTLES

(b) Address Camdenton MO

17. (a) Burial (b) Date thereof Sept 13 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonway Cemetery

18. (a) Signature of funeral director Barkham Woolery

(b) Address Camdenton MO

19. (a) Sept 15 1940 (b) Fizzie Keller
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
 (c) City or town Camdenton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Star Route - I
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
 year 1940 hour 7 minute P M.
 21. I hereby certify that I attended the deceased from Sept 4 - 1940
 _____, 19____, to Sept 7 - 1940
 _____, 19____, that I last saw him alive on Sept 7 - 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary Duration 3 yrs

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? Yes

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Jell Connor (M. D. or other) MD

Address Camdenton MO Date signed 9/14/40

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.