

Registration District No. **431**

Primary Registration District No. **3023**

Registrar's No. **96**

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 _____ (Specify whether
 In this community 46 years (Specify whether
 years, months or days) 1-2-41

3. (a) PRINT FULL NAME Emma Alice Ward
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife John A. Ward 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased May 28 1958
 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 9 If less than one day
 hr. _____ min. _____

9. Birthplace Cooper Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____
 MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Ward
 (b) Address Warrensburg, Mo.
 17. (a) Burial (b) Date thereof Aug. 9, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Hill
 18. (a) Signature of funeral director Sweeney, Kelly
 (b) Address Warrensburg, Mo.
 19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
 year 1946 hour 11:35 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Aug 1
 _____, 1946, to Aug 9, 1946
 that I last saw her alive on Aug 7, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Dis. Myocarditis
 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 W. B. Bradley (M. D. or other) _____
 Address _____ Date signed _____

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 importa

RECEIVED
District Health Officer No. 8,
District File Number 9-5-40
Date Filed

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

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28869**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **431**

Primary Registration District No. **3023**

Registrar's No. _____

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no**
In this community **4.6 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emma Alice Ward**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **7** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife **John A. Ward** 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased **May 28 - 1858**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **9** If less than one day _____ min.

9. Birthplace **Cooper**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

11. Industry or business **none**

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tom Ward**

(b) Address **Warrensburg**

17. (a) **Burial** (b) Date thereof **Aug 9 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sun Set - Hill**

18. (a) Signature of funeral director **Sweeney & Phillips**

(b) Address **Warrensburg Mo**

19. (a) **Oct 18 - 1940** (b) **Bertel Hartig**
(Date received local registrar) (Registrar's signature)

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. **400 Bond st.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **none** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Aug** day **7** year **1940** hour **7** minute **35 P.** M.

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

Immediate cause of death _____

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? _____

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

23. Signature **T. S. Bradley** (M. D. or other)

Address **Warrensburg Mo** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DUPLICATE

