

No. 1-10-39-17-39 X21492

NOV 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36209

State File No. _____

Registration District No. 750

Primary Registration District No. 6245

Registrar's No. 1702

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Gatewood Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20
(Specify whether)

In this community live
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley

(c) City or town Gatewood Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) Rural

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Edith Louise Ward

3. (b) If veteran, name war ✓

3. (c) Social Security No. -

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7 20 1939
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>3</u>	<u>0</u>	<u>✓</u> hr. <u>-</u> min.

9. Birthplace St. Doniphan Mo
(City, town, or county) (State or foreign country)

10. Usual occupation S

11. Industry or business S

MOTHER FATHER

12. Name Justin L. Ward

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

14. Maiden name Edith S. Hartless
(City, town, or county) (State or foreign country)

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

16. (a) Informant J. L. Ward

(b) Address Gatewood, Mo

17. (a) Burial (b) Date thereof 10-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tucker Cemetery

18. (a) Signature of funeral director H. Jordan

(b) Address Doniphan, Mo

19. (a) Oct. 21-1940 (b) C. B. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 20
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from an
10-19- 1940, to _____, 19 ;

that I last saw her alive on 10-19- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Asthma

Due to Asthma 2. H.W.

Due to _____ 11/2

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underlines 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

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

23. Signature Edu. Idanson (M. D. or other) I

Address Doniphan, Mo. Date signed 10-20-40

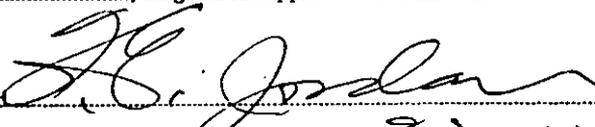
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 3200

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 36209

Registration District No. 750

Primary Registration District No. 6245-

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Gatwood T. P.
(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.....
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Edith Louise Ward

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 0 min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace (City, town, or county) (State or foreign country) Gatwood, Rural

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 10-31-1940 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(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 Oct day 20 year 1940 hour..... minute..... 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.....

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 Edw. Adams (M. D. or other)

Address Dorphan Mo signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

