

No. 2
11-10-39
1-17-
I X 2 1/2

JAN 13 1949

Registration District No. 287

Primary Registration District No. 5495

Registrar's No. _____

5

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

1. PLACE OF DEATH: Dunklin

(a) County Dunklin

(b) City or town Paris (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 _____

3. (a) PRINT FULL NAME Arsonia Ward

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased June - 25 - 1912 (Month) (Day) (Year)

8. AGE: Years 28 Months 6 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

12. Name Bob Goff

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

14. Maiden name Nona Pendgraft

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

16. (a) Informant Martha Keegan

(b) Address Paris, Mo. 64651

17. (a) Burial (b) Date thereof 1-2-49 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Hall

18. (a) Signature of funeral director E. Messer, Burial

(b) Address Paris, Mo.

19. (a) 1-2-49 (b) E. D. Cape (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Paris (If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 miles south 2 1/2 miles west (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1948 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from 12-27-1948 to 12-31-1948 that I last saw her alive on 12-31-1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Poisoning Duration one week

Due to Acute Hepatitis complicating Alcoholism

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 W. D. English M.D. (M. D. or other) _____ Address Cardwell, Mo. Date signed _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No

District File Number 141-2

Date Filed 1/9/41

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.