

No. 2
12-40
17-39
X23159

DEPARTMENT OF COMMERCE **FILED JUN 12 1941** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

Dr. Sewell
State File No. **17824**
Registrar's No. **411**

Registration District No. **318** Primary Registration District No. **2001**

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

3. (a) PRINT FULL NAME **John Henry Ward**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Male (1)** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Isabella Ward** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **Jan. 3 1864**
(Month) (Day) (Year)

8. AGE: Years **77** Months **4** Days **13** If less than one day hr. min.

9. Birthplace **Atchinson / Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary Greene County**

11. Industry or business **Farm Sales Assn.**

MOTHER FATHER { 12. Name **Henry Ward**
13. Birthplace **Unknown / Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Gemimah Winner**
15. Birthplace **Unknown / Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Isabelle Ward**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **May 18 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **5-17-41** (b) **W. E. Hurdley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene 39**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route # 7**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16**
year **1941** hour **8** minute **2** M.

21. I hereby certify that I attended the deceased from **2/24**
9, 19**41**, to **May 16**, 19**41**;
that I last saw him alive on **8:00 AM. May 16**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myo-carditis and myocardial degeneration** Duration **20 yrs.**
Due to **arteriosclerosis and hypertension**
Due to

Other condition **Prostatic hypertrophy**
(Include pregnancy within 3 months of death)

Major findings: **None** PHYSICIAN
Of operations **None**
Of autopsy **Not done**
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? **at**

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

23. Signature **J. J. Seelhoff** (M. D. or other) **MD**
Address **Mad. Arts Bldg.** Date signed **5-27-41**

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..... *M J Casaday*.....

Licensed Embalmer No..... *3434*.....

P. O. Address..... *Springfield*.....

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, fact should be so stated above.

X