DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 14 1941

Registration District No. 548.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25609

Primary Registration District No. 5740.

Registrar's No. 25.

1. PLACE OF DEATH:

(a) County Marion County

(b) City or town [illegible]
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution About 3 years (Specify whether
In this community 5 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town RURAL
(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.

3. (a) PRINT FULL NAME RICHARD WARD

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

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

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

7. Birth date of deceased Unknown (Month) Apr (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
About 58	—	—	_____ hr. _____ min.

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

10. Usual occupation LABORER

11. Industry or business _____

FATHER
12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl Harris
(b) Address 1654 Emmy, Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Baptist.

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo.

19. (a) Aug 1-41. (Date received local registrar) (b) Gertrude Lee (Registrar's signature)

489

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30 year 1941 hour 3 minute 30 P.M.

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

	Duration
Immediate cause of death Cerebral Hemorrhage	3 yr.
Due to Arteriosclerosis	
Due to 63A	
Other conditions None — (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 E. M. Luckie (M. D. or other)
Address Hannibal Mo. Date signed 8-2-41

(Licensed Embalmer's Statement on Reverse Side)

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.

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 A. M. Sprague

Licensed Embalmer No. 999

P. O. Address Palmyra Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.