

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Freeman 38309
State File No. _____
Registrar's No. 901

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 1331 N. Campbell
(d) Length of stay: In hospital or institution 29 Years
In this community 29 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 1331 N. Campbell
(e) Citizen of foreign country? _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 14
year 1941 hour 7 minute 45 a. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret Ward
6. (c) Age of husband or wife if alive Dec: 1853
7. Birth date of deceased Oct. 3 1853

21. I hereby certify that I attended the deceased from Oct 1940 to Nov 14 1941
that I last saw him live on 11-14-41
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Calcification
Heart Lesion

8. AGE: Years 88 Months 1 Days 11
If less than one day hr. _____ min. _____

Due to Calcific cause unknown
Senility

9. Birthplace Quincy Illinois

Due to _____

10. Usual occupation Retired

Other conditions _____

11. Industry or business Farmer & Merchant

Major findings: _____

12. Name Michael Ward

Of operations _____

13. Birthplace Unknown Ireland

Of autopsy _____

14. Maiden name Unknown Redwood

22. If death was due to external causes, fill in the following:

15. Birthplace Unknown Ireland

(a) Accident, suicide, or homicide (specify) _____

16. (a) Informant Francis Ward

(b) Date of occurrence _____

(b) Address Springfield, Mo.

(c) Where did injury occur? _____

17. (a) Burial (b) Date thereof Nov. 17 1941

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation St. Mary

While at work? _____ (e) Means of injury _____

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

Signature A.F. Freeman (M. D. or other) _____

(b) Address Springfield, Mo

Address Springfield Mo Date signed 11-15-41

984 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

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 *L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield Mo*

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.