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FILLED DEC 8 1941

State File No. _____

Registration District No. 315

Primary Registration District No. 5687

Registrar's No. 14

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

1. PLACE OF DEATH: M. McDonald
 (a) County _____
 (b) City or town Southwest City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Prosser Trust
 (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)

2. USUAL RESIDENCE OF DECEASED: M. McDonald
 (a) State Missouri (b) County McDonald
 (c) City or town Southwest City, Mo.
 (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 Ruby Saphronia Ward
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov 14 day November
 year 1941 hour 3 minute 55 A. M.

4. Sex fe 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Gap Ward 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 27 1853
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-12 _____, 1941, to 11-14 _____, 1941;
 that I last saw her alive on 11-14 _____, 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months _____ Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death Bronchial Pneumonia
 Due to Apoplexy
 Due to Senility
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Burlington Iowa Iowa
 (City, town, or county) (State or foreign country)
 10. Usual occupation house keeper
 11. Industry or business _____
 12. Name William Whipple
 13. Birthplace Ohio W. Va.
 (City, town, or county) (State or foreign country)
 14. Maiden name Jill West
 15. Birthplace Ill. U.S.A.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
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MOTHER FATHER
 16. (a) Informant Mrs. H. Reddington
 (b) Address Southwest City Mo.
 17. (a) Burial (b) Date thereof Nov. 15, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Southwest City Mo.
 18. (a) Signature of funeral director Carroll's
 (b) Address 11-14/41
 19. (a) 11-14/41 (b) Carl Horton
 (Date received local registrar) (Registrar's signature)

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 M.H.
 23. Signature RE Harnack (M. D. or other) _____
 Address Southwest City Mo. Date signed 11-14-41

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 ME

....., Registered Apprentice No.....
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 835
P. O. Address Grave, Okla

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

If this body is not embalmed, fact should be so stated above.