

No. 2
4-12-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39023

State File No.

FILED DEC 12 1941

Registration District No.

Primary Registration District No. 4888

Registrar's No. 119

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

1. PLACE OF DEATH:

(a) County. Pemiscot

(b) City or town. Caruthersville Tenn

(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. 28 years

years, months or days)

3. (a) PRINT FULL NAME. VALLIE LEE WARD

3. (b) If veteran, name war. None 3. (c) Social Security No. 486-14-2901

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Marie Ward 6. (c) Age of husband or wife if alive. 34 years

7. Birth date of deceased. July 28, 1909

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>3</u>	<u>20</u>	hr. min.

9. Birthplace. Greenway, Ark.

10. Usual occupation. Public Work

11. Industry or business.

12. Name. Van Ward

13. Birthplace. Greenway, Ark.

14. Maiden name. Sadie Vanch

15. Birthplace. Lake County, Tenn.

16. (a) Informant. Ed Ward

(b) Address. Lilbourn, Mo.

17. (a) Burial (b) Date thereof. 11-19-41

(c) Place: burial or cremation. Little Prairie, Cem.

18. (a) Signature of funeral director. La'orge Und. Co.

(b) Address. Caruthersville, Mo.

19. (a) Nov. 21, 1941 (b) Ada Martin

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pemiscot

(c) City or town. Caruthersville

(d) Street No. _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 18 year 1941 hour 5 minute 5 A.M.

21. I hereby certify that I attended the deceased from Nov. 9, 1941, to Nov. 18, 1941; that I last saw him alive on Nov. 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death. Lobar pneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 100

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 R.W. Phelps (M. D. or other) _____

Address Caruthersville Date signed 11/24/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

12-41-23

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

J. L. Schuman

Licensed Embalmer No. 4086

P. O. Address Cauterville, 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.