

Registration District No. 369

Primary Registration District No. 5815

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural, Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(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: 44

(a) State Missouri (b) County Holt

(c) City or town Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. 2 1/2 Miles north east of Craig, Mo.
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARY SOPHIA WARD

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 1
1940 to April 6 1941
that I last saw h.e.r. alive on April 2 1941
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Everett B. Ward

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: Sept 11 1887
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of Uterus 4 yrs.

Due to Lacerations of childbirth

Due to _____

8. AGE: Years 53 Months 6 Days 25
If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

9. Birthplace Atchison Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name James Milton Drago

13. Birthplace Brown County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Janet Redman

15. Birthplace Brown County Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. T. Drago

(b) Address Fairfax, Missouri

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? _____

17. (a) Burial (b) Date thereof April 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

While at work? _____ (Specify type of place)

(e) Means of injury 25

18. (a) Signature of funeral director Schleser, Under Home

(b) Address Fairfax, Missouri

23. Signature W. G. White (M. D. or other) MD

Address Craig, Mo. Date signed Apr. 7, 1941

19. (a) April 6-41 (b) Vernon Anderson
(Date received local registrar) (Registrar's signature)

JUN 10 1942

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 Marvin H. Scheeler

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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.