

Registration District No. 5-2

Primary Registration District No. 4087

1. PLACE OF DEATH:

(a) County Carter  
 (b) City or town Van Buren  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 50 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Carter  
 (c) City or town Van Buren  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19  
 year 1942 hour 12 minute 10 M.

21. I hereby certify that I attended the deceased from  
5-4 - 1942 to 8-19 - 1942  
 that I last saw him alive on 8-18 - 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac  
decompensation  
of hypertensive  
pneumonia.

Duration

Due to \_\_\_\_\_  
 Other conditions  
(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)  
(e) Means of injury

23. Signature Frank J. Rucinski (M. D. or other) D.O.  
 Address Van Buren, Mo. Date signed 8-20-42

3. (a) PRINT FULL NAME Benjamin Franklin Ward

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

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

6. (b) Name of husband or wife Caroline Ward 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept 22 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 27  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Miller Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

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

16. (a) Informant Ernie Ward

(b) Address Van Buren Mo.

17. (a) Burial (b) Date thereof 8-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren Mo.

18. (a) Signature of funeral director Leuckel Funeral Service

(b) Address Van Buren Mo.

19. (a) 8-20-42 (b) ms A. J. Smith  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 5,

District File Number 942886

Date Filed 9-14-42

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, on 8-19-42

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

Signed Philip A. Leuchel  
Licensed Embalmer No. 2936  
P. O. Address Van Buren St

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26908  
Registrar's No. \_\_\_\_\_

Registration District No. 58 Primary Registration District No. 4087

1. PLACE OF DEATH:

(a) County Carter  
(b) City or town Van Buren  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ years, months or days) 50 yrs

3. (a) PRINT FULL NAME Benjamin Franklin Ward  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Sept 22 1888  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 17 (If less than one day min.)

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 1942 year, hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation & Hypertensive pneumonic

Due to Cardiac Failure

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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 Frank R. ... (M.D. or other) DO

Address Van Buren, Mo Date signed 9-28-42

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

