

S. No. 2
M-9-4-41
ev. 5-17-39
X29404

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27070

State File No. 117

Registration District No. 101 FILED SEP 11 1942 Primary Registration District No. 5408

Registrar's No. 352

34
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Evans McMurttery

(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 years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas **34**

(c) City or town Evans Rural **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Marvin Ward

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male **0** 5. Color or race White **0** 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased December 30 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>6</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Evans, Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name George Ward

13. Birthplace Ozark County, Missouri **0**
(City, town, or county) (State or foreign country)

14. Maiden name Dora Williams

15. Birthplace Douglas, Co. Mo. **0**
(City, town, or county) (State or foreign country)

16. (a) Informant George Ward
(b) Address Evans, Missouri

17. (a) Burial (b) Date thereof 7-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Chickland Funeral Home
(b) Address Evans, Mo.

19. (a) 9-5-42 (b) Thelma S. Winters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1942 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____ that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid from acute enteritis **12 hrs.**

Due to _____

Due to _____

Other conditions 1190
(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? **0**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. C. Darity (M. D. or other) _____
Address Mo Date signed 7-22-42

Dr. M. C. Sentry

Parents of the child did want the embalming done

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..... *W B Sulchman*.....
Licensed Embalmer No. *3431*.....
P. O. Address..... *W B Sulchman*.....

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.