

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 30 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 509

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

1. PLACE OF DEATH

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 2219 Byers Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 9 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL") 049
(d) Street No. 2219 Byers Ave (If rural, give location) 25
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William H Ware

3. (b) If veteran, name war 1 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Ware 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased 29 1884 (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 5 . If less than one day hr. min.

9. Birthplace Long Lane Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business for self

MOTHER FATHER { 12. Name William H Ware
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant William H Ware
(b) Address 2219 Byers - Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Long Lane Cemetery

18. (a) Signature of funeral director W. C. ...
(b) Address W. C. ...

19. (a) 9-8-43 (Date received local registrar) (b) Arthur S. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1943 hour 110 minute 0 . M.

21. I hereby certify that I attended the deceased from July 24, 1943, to Sept 4, 1943
that I last saw him alive on Sept 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death bladder
Due to bladder
Due to Cause unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 135 f 2
Of autopsy

Duration
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?

23. Signature W. C. ... (M. D. or other) 0
Address Joplin Mo Date signed 9-8-43

Loveland
J. B. 43-9-786

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

Signed

Clayton M. Johnston

Licensed Embalmer No.

4304

P. O. Address

West City, 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.