

LED OCT 19 1943

Registration District No. 241 Primary Registration District No. 4360

1. PLACE OF DEATH  
 (a) County Portageville Mo  
 (b) City or town Portageville Mo  
 (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 43 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nora Clara Ward  
 3. (b) If veteran, name war        3. (c) Social Security No.       

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife W B Ward Sr 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased September 27 1899  
 (Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 8 If less than one day        min.

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

10. Usual occupation Housewife

11. Industry or business         
 12. Name J J Hewitt  
 13. Birthplace Portageville Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Emma Mae Hewitt  
 15. Birthplace Portageville Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Portageville Mo  
 (b) Address Portageville Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5, 1943  
 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director W. C. Dean  
 (b) Address Portageville Mo  
 19. (a) Sept 10 - 46 (Date received local registrar) (b) Edith Carver (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri County Missouri  
 (c) City or town Portageville Mo  
 (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 Sept day 4 year 1943 hour        minute 1 A. M.  
 21. I hereby certify that I attended the deceased from July 7 1943 to Sept 4 1943  
 that I last saw h. alive on Sept 1 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 4 yrs

Due to         
 Due to         
 Other conditions         
 (Include pregnancy within 3 months of death)  
 Major findings: 13 fl  
 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?  
 While at work?        (Specify type of place) (e) Means of injury       

23. Signature John Wilson (M. D. or other) Address Portageville Mo Date signed 9-9-43

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1043-1229

Date Filed 10-11-43

DEC 27 1948

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville, 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.