

FILED DEC 9 1943
Registration District No. _____

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution:
LUCY LEE HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Lincoln

(c) City or town TROY 057
(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 _____

3. (a) PRINT FULL NAME LOUIS LEONARD WARD

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-09-146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 22
year 1943 hour 2 minute - P. M.

4. Sex MALE 0 5. Color or race WHITE 1 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife, HELEN WARD 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased. NOV 21 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 15 1943 to Nov. 22 1943
that I last saw him alive on Nov. 22 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 1 Days 1
If less than one day _____ hr. _____ min.

Immediate cause of death: Newbiegria 10 days
Due to Thrombosis Cerebral vessels 10 days
Due to Non-syphilitic

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

9. Birthplace HERAM MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation MACHINE SHOP

11. Industry or business MACHINE SHOP

MOTHER FATHER { 12. Name CHARLES WARD

{ 13. Birthplace HERAM MISSOURI
(City, town, or county) (State or foreign country)

{ 14. Maiden name MARY VIRGINIA WARD

{ 15. Birthplace HERAM MISSOURI
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant DOROTHY WARD

(b) Address TROY MO

17. (a) BURIAL (b) Date thereof NOV 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASONIC CEM

18. (a) Signature of funeral director New York

(b) Address Piedmont Mo

19. (a) 11-27-43 (b) Belle Kimmel
(Date received local registrar) (Registrar's signature)

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)

23. Signature: J. H. Kimmel (M. D. or other) 11/26/43
Address: Poplar Bluff Mo Date signed

JAN 2 01944

DEC 17 1943

RECEIVED

District Health Office No. 2,

District File Number 1243-54

Date Filed 12-2-43

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Quidmore Md

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.