

FILED AUG 8 1944

Registration District No. 72

Primary Registration District No. 1100

State File No.

Registrar's No. 788

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town Saint Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 Saint Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution five days
 (Specify whether years, months or days)
 In this community Eight years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town Saint Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 501 South 8th Street
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Thomas J. Ward

3. (b) If veteran, name war NONE
 3. (c) Social Security No. 500-07-4844

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mrs. Sarah Ward
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased August 12, 1897
 (Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 8
 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Danner Grain & Milling Co.

12. Name James Ward

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

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

16. (a) Informant Mrs. Sarah Ward
 (b) Address 501 South 8th Street

17. (a) Burial (b) Date thereof July 22, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier Cemetery

18. (a) Signature of funeral director Mrs. E. R. Sidenfaden

(b) Address 602 South 10th Street

19. (a) 7-21-44 (b) John J. Treble
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
 year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 16, 1944 to July 20, 1944
 that I last saw him alive on July 19, 1944
 and that death occurred on the date and hour stated above

Immediate cause of death: Cerebral Hemorrhage 4 da
 Fracture skull 4 da
 Due to Fracture both legs - below knee 4 da
 Multiple contusions and lacerations 4 da
 Terminal broncho-pneumonia 2 da
 Undetermined back injuries
 Other conditions (include pregnancy within 3 months of death)
 Major findings: none
 Of operations none
 Of autopsy none

Duration
 4 da
 4 da
 4 da
 4 da
 2 da
 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) Accident 131
 (b) Date of occurrence July 16, 1944
 (c) Where did injury occur? 11th + Jackson Street - 11th + Jackson, St. Joseph, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, or public place?
 Street - 11th + Jackson, St. Joseph, Mo.
 (Specify type of place) (e) Means of injury Struck by car.
 While at work?
 23. Signature J. Grant M.D. (M. D. or other)
 Address St. Joseph, Mo. Date signed

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

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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 *Mollie E. Lidenfaden*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph 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.