. S. No. 2
OM—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36961

FILED DEC 4 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4615

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or Institution 3 days (Specify whether
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Holden 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 4th & Market Sts.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX 1

3. (a) PRINT FULL NAME MATTIE MELVINA WARD
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced divorced 3
6. (b) Name of husband or wife XXXX
6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased April 10, 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 1 If less than one day hr. min.

9. Birthplace Newtown, (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation housewife
11. Industry or business at home

FATHER
12. Name Martin Merritt
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Semantha Dewey
15. Birthplace Pennsylvania (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mary Burnett,
(b) Address Holden, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri.
18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.
19. (a) 11-16-44 (Date received local registrar) (b) D. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1944 hour 11:20 minute P. M.
21. I hereby certify that I attended the deceased from March 1941, 19..., to Nov. 11, 1944, that I last saw h. alive on Nov. 10, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Endocarditis	
Due to Chronic Myocardial degeneration	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

13 15

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

23. Signature James W. Holmberg (M.D. or other)
Address Holden, Mo. Date signed 11-11-44

(Licensed Embalmer's Statement on Reverse Side)

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 Samuel B. Popp

Licensed Embalmer No. 4044

P. O. Address Holden, 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.