S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17092

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 36

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Willow Springs 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 (Specify whether
In this community Nine Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell 96
(c) City or town Willow Springs Mo 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas H. Ward.
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race W-
6. (a) Single, widowed, married, divorced M-
6. (b) Name of husband or wife Thelma Willey Ward
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased January (Month) 16. (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	4	5	hr. min.

9. Birthplace Ellenwood (City, town, or county) Kansas. (State or foreign country) /
10. Usual occupation Retired Railroad man
11. Industry or business Yard Service
FATHER
12. Name David R. Ward.
13. Birthplace Pensylvania. (City, town, or county) (State or foreign country) /
MOTHER
14. Maiden name Eliza J. Morehead.
15. Birthplace Philadelphia PA. (City, town, or county) (State or foreign country) /
16. (a) Informant Mrs. Thelma Ward.
(b) Address Willow Springs. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago. ILL.
18. (a) Signature of funeral director J. R. Burns
(b) Address Willow Springs Mo
19. (a) 5/13/45 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1945 hour 9:30 minute a. M.
21. I hereby certify that I attended the deceased from March 5, 1945, to May 11, 1945;
that I last saw him alive on May 5, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	3hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature C. Calliban 0 (M. D. ~~or other~~)
Address Willow Springs, Mo Date signed 5-15-45

345

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 645283
Date Filed 6-4-45

JUN 3 1945

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 T. R. Burns

Licensed Embalmer No. 1837

P. O. Address Willow Springs, N

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.