DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6166

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp-O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 minutes (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Emma Mae Ward.
3. (b) If veteran, name war
3. (c) Social Security No. 493-24-1754
4. Sex: F
5. Color or race: W.
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Ed Ward
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: (Month) (Day) 1912 (Year)
8. AGE: Years 34 Months Days If less than one day hr. min.
9. Birthplace: Grandin Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Cafeteria work-
11. Industry or business: cafeteria
MOTHER FATHER
12. Name: A. J. Richmond
13. Birthplace: Grandin Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Emma Ray
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: brother E. N. Richmond
(b) Address: Portageville, Calif.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Doniphan, Mo.
18. (a) Signature of funeral director: Miller Funeral Service
(b) Address: Galena Kansas
19. (a) 2-19-46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th year 46 hour 0145 minute 1:45 A.M.
21. I hereby certify that I attended the deceased from 19 Feb 19 46, to 19 Feb 19 46 that I last saw h. alive on 19 Feb 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death: Brain injury — Duration: 30 min.
Due to: Crushing injury of head & skull
Due to: Highway Auto accident
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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): Accident
(b) Date of occurrence: 19 Feb 46
(c) Where did injury occur? Galena (City or town) Cherokee (County) Kan (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? highway (Specify type of place)
While at work? No (e) Means of injury
23. Signature: [illegible] (M. D. or other)
Address: Finco Bldg. Date signed 19 Feb 46

158 (Licensed Embalmer's Statement on Reverse Side)

46-2-123

AUG 1 1945

JUN 13 1947

AUG 1 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—3-45
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THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mar

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 Emma Mae Ward

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive Years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 34 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 19 Year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Feb 19, 1946 to Feb 19, 1946 that I last saw it alive on Feb 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident, on the highway

(b) Date of occurrence 19 Feb 46

(c) Where did injury occur? New Galena Kansas (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place – highway (Specify type of place)

While at work? no (e) Means of injury auto collision

23. Signature (M. D. or other)

Address Joplin Mo Date signed 2/19/46

SUPPLEMENTARY

Died in Joplin Mo Feb 19 1946 from injuries received in auto collision on highway near Galena Kansas when car driven by husband left the road and collided with a tree. Death occurred at Joplin Mo. Sec. 1 of 2

SUPPLEMENTAL INFORMATION REFORMATION

5149 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

60166

JUN 13 1947

AUG 1 1945