

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 28 1946**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**6295**

State File No. \_\_\_\_\_

Registration District No. 175

Primary Registration District No. 175-5675 <sup>3036</sup>

Registrar's No. \$ 10

**1. PLACE OF DEATH:**

(a) County Lawrence  
(b) City or town Aurora, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
East Lindall  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 22 yr  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. East Lindall  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM P. WARE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ---

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ma Ware 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased March 4 (Month) (Day) (Year) - 1893

8. AGE: Years 02 Months 10 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Barbara Ware  
13. Birthplace Ark (City, town, or county) (State or foreign country)  
14. Maiden name Ellen Piddington  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ma Ware

(b) Address Aurora, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/46 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park (Aurora, MO)

18. (a) Signature of funeral director Wm. T. Marsh

(b) Address Aurora, MO

19. (a) Feb 4 - 1946 (Date received local registrar) (b) Dora McDieter (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 18 year 1946 hour \_\_\_\_\_ minute 1:20 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to Jan 18 1946 that I last saw him alive on Jan 18 1946 and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 940

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) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Heron (M. D. or \_\_\_\_\_)

Address Aurora, MO Date signed Jan 19 - 46

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

RECEIVED

District Health Officer No. 6

File Number 146-158

Date Filed FEB 26 1946

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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.....

*[Signature]*....., Registered Apprentice No. 2  
working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. 3812

P. O. Address *[Signature]* 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.