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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 6405

Registration District No. 187 Primary Registration District No. 4302 Registrar's No. 24

**1. PLACE OF DEATH:**

(a) County Livingston

(b) City or town Rural-Cream Ridge Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
12 miles North Chillicothe
(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 70 years.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Livingston

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 12 miles North Chillicothe
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Margaret A. Ward

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Richard Ward

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

7. Birth date of deceased May (Month) 27 (Day) 1859 (Year)

8. AGE: Years 86 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Mt. Vernon (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Smith Reynolds
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Lucinda Precise
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Elmer H. Ward
(b) Address R.R. #1, Chula, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) Feb-12-46 (Date received local registrar) (b) Frances B. Neal (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 10th year 1946 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from Jan 16, 1946, to Feb 10, 1946, that I last saw her alive on Feb 8, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Heart decompensation — Duration 4 wks

Due to chronic myocarditis ?

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)

(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 [illegible] (M. D. or other)
Address Chillicothe, Mo. Date signed 2/12/46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

DEC 11 1953

DISTRICT HEALTH OFFICE
Cameron, Mo.

**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 Elton F. Norman, Registered Apprentice No. ____, working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.**