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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8774

Registration District No. 58 Primary Registration District No. 4087 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Carter
(b) City or town Van Buren
(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 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Carter
(c) City or town Van Buren Mo
(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 Caroline 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 Widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 27 (Day) 1868 (Year)
8. AGE: Years 77 Months 1 Days 2 If less than one day hr. min.
9. Birthplace Crawford Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
MOTHER FATHER
12. Name Ed Napper
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace U (City, town, or county) (State or foreign country)
16. (a) Informant Earnie Ward
(b) Address Van Buren Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Van Buren Cemetery
18. (a) Signature of funeral director Phil A. Leuckel
(b) Address Van Buren Mo.
19. (a) March 12-46 (Date received local registrar) (b) Mrs Octa Henson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1945 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 15, 1942 to Nov 29, 1945 that I last saw him alive on Nov 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	1 mo
Due to Chronic myocarditis & Senility.	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 0/30

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? Means of injury 2
23. Signature Frank J. Rucinski (M.D. or other) D.O.
Address Van Buren, Mo Date signed 11-30-45

50 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 446275.
Date Filed 4.6.46

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~~ 11-29-45

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Tn

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.