

No. 2  
M-5-43  
5-17-39.  
I X36671

STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1946

State File No. 19583

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 691

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution:  
1010 Faraon St.  
(d) Length of stay: In hospital or institution 24 Years  
In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 1010 Faraon  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Jacob H. Ward

3. (b) If veteran, name war No  
3. (c) Social Security No. 707-05-8071

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Sarah Frances Ward  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased February 25 1874

8. AGE: Years 72 Months 3 Days 21

9. Birthplace Holt County Missouri

10. Usual occupation Car Repairman  
11. Industry or business C.B.&Q. Railroad

12. Name John A. Ward  
13. Birthplace Ray County Missouri  
14. Maiden name Susann Waits  
15. Birthplace Ray County Missouri

16. (a) Informant Alvin H. Ward  
(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof June 18/46  
(c) Place: burial or cremation Hamburg, Iowa

18. (a) Signature of funeral director  
(b) Address St. Joseph, Mo.

19. (a) June 18, 1946 (b) Registrar's signature  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1946 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 21, 1946 to June 15, 1946  
that I last saw him alive on June 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
Due to: Cancer of months

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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?  
(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 J. J. J... (M.D. or other)  
Address St. Joseph Mo Date signed 6-18-46

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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