

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 286

1. PLACE OF DEATH: Boone

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 209 N. 2nd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: about 1 year
In hospital or institution. (Specify whether years, months or days)

In this community about 1 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 209 N. 2nd St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GEORGIA ANN WARD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race negro

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

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

6. (c) Age of husband or wife if alive 12-8-1878 years

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

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

67 10 19 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Cohen

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

14. Maiden name unknown

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

16. (a) Informant Francis Cohen

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 11-22-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation balvary cemetery

18. (a) Signature of funeral director Wm. P. Parker

(b) Address Columbia, Missouri

19. (a) 11-22-46 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1946 hour 5-30 AM minute _____ M.

21. I hereby certify that I attended the deceased from May 2
1946 to May 14 1946

that I last saw her alive on May 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis

Duration 1 1/2 yrs

Due to Hypertension

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature William S. Williams (M. D. or other) _____

Address Columbia Mo Date signed 11-22-46

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

~~Date Filed 11-26-46~~

~~District File Number~~

District Health Officer No. 9,

RECEIVED

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

William J. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbus, 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.