

Primary Registration District No. 6227

1. PLACE OF DEATH:
(a) County Daley County
(b) City or town Craig, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town Craig, Mo.
(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 Thomas Abram Ward
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 31 year 46 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from Oct 31, 1946 to Oct 31, 1946
that I last saw h. alive on and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Almyra Ward
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased October 12 1884 (Month) (Day) (Year)

Immediate cause of death Acute cardiac dilatation
Due to Hypertensive heart disease
Duration 10 yrs.

8. AGE: Years 62 Months 0 Days 19
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 93D
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Craig, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Banker
11. Industry or business In the bank

MOTHER FATHER
12. Name Thomas Benjamin Ward
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Alice Sharp
15. Birthplace near Craig, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Ward
(b) Address Craig, Mo.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Wilber L. Schoeler
(b) Address Craig, Mo.
19. (a) Nov 2 1946 (Date received local registrar) (b) J. Craig (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2
23. Signature Benjamin R. Roe D.O. (D. or other) _____
Address Craig, Mo. Date signed 10/31/46

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

DEC 4 1946

DISTRICT HEALTH DEPARTMENT
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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wilber L. Schooler*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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.