

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37369**

FILED DEC 9 1946

Registration District No. **154**

Primary Registration District No. **5575**

Registrar's No. **77**

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

1. PLACE OF DEATH:

(a) County... **Jackson**

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

(c) Name of hospital or institution:
3/4 Mile N W of Martin City
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution... **6 Months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Mo.** (b) County... **Jackson**

(c) City or town... **Rural Washington Twp.**
(If outside city or town limits, write "RURAL")

(d) Street No... **3/4 Mile N.W. of Martin City**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country...

3. (c) PRINT FULL NAME... **Agnes Elmira Ward**

3. (b) If veteran, name war... **No**

3. (c) Social Security No... **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **28** year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **November 23, 1946** to **November 28, 1946** that I last saw her alive on **November 27, 1946** and that death occurred on the date and hour stated above.

4. Sex **Female** Color or race **White**

6. (a) Single, widowed, married, divorced... **Married**

6. (b) Name of husband or wife... **Charles A. Ward**

6. (c) Age of husband or wife if alive... **73** years

7. Birth date of deceased... **April 8 1875**
(Month) (Day) (Year)

Immediate cause of death

Cerebral Hemorrhage **5 days**

Due to... **Arterio-sclerosis** **years**

Due to... **Diabetes** **years**

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

8. AGE:	Years	Months	Days	If less than one day
	71	7	20	hr. _____ min.

Physician

Major findings:
Of operations... **61**

Of autopsy...

Underline the cause to which death should be charged statistically.

9. Birthplace... **Independence Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Home**

11. Industry or business...

MOTHER FATHER

12. Name... **Jacob Bowlin**

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

14. Maiden name... **Mary E. Franz**

15. Birthplace... **Blue Springs Mo.**
(City, town, or county) (State or foreign country)

16. (c) Informant... **Chas. Ward**

(b) Address... **Martin City Mo.**

17. (a) **Burial** (b) Date thereof... **11/30/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Lee's Summit Mo.**

18. (a) Signature of funeral director... **W. O. Langford**

(b) Address... **Lee's Summit Mo.**

19. (a) **11/30/46** (b) **Dr. Annie B. Hedger**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury... **0**

23. Signature... **Albi B. Paker** (M. D. or other) **MD**
Address... **Martin City, Mo.** Date signed **11-28-46**

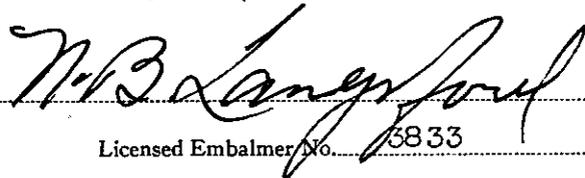
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 6833

P. O. Address... Lee's Summit... 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.