

No. 2
-12-45
5-17-39
X47070

FILED SEP 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27274

State File No. _____

Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 222

1. PLACE OF DEATH:

(a) County DeWitt
 (b) City or town Kennett Rural Ind. Sup.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether)
 In this community 3 Days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DeWitt ³⁵
 (c) City or town Kennett
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Ind. Sup ³
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alva Ward
 (b) If veteran, name war _____ (c) Social Security No. 384-03-0510

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29
 year 1947 hour 12:00 minute 15 P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 24 - 1902
 (Month) (Day) (Year)

Immediate cause of death Chronic Heart Disease ^{Duration}
 Due to Generalized Arterio Sclerosis
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
45 6 5 hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy _____ ⁹³²
 Underline the cause to which death should be charged statistically.

9. Birthplace Green Co. Ark (City, town, or county) (State or foreign country)
 10. Usual occupation Canning Factory Worker
 11. Industry or business Stetley Van Camp S.C.
 MOTHER FATHER
 12. Name Alva Ward
 13. Birthplace Green Co. Ark (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Wright
 15. Birthplace Green Co. Ark (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Lissy J. Briggman
 (b) Address Sarasville Ark. R. #1
 17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation Hospital Cemetery
 18. (a) Signature of funeral director Funeral Home
 (b) Address Kennett, Mo.
 19. (a) 8-30-1947 (b) Carl Husband
 (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 3
 23. Signature Walter C. H. ... ^{Coroner}
 Address Kennett, Mo Date signed 8-30-47

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

RECEIVED

District Health Office No.

District File Number 447-11

Date Filed 9-2-42

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 *Walter A. Hawkins*
Licensed Embalmer No. *2002*
P. O. Address *Kennett 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.