No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39030

FILED DEC 3 1947

Registration District No. 24

Primary Registration District No. 5829

Registrar's No. 42

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: New Madrid
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(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: Nora Maud Ward
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: F
5. Color or race: C
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Luther Ward
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: March (Month) ✓ (Day) 1888 (Year)

8. AGE: Years 59 | Months 8 | Days ✓ | If less than one day ..... hr. ..... min.

9. Birthplace: Savannah, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ✓
FATHER
12. Name: Lucy Briggs
13. Birthplace: unk. Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Eliza Briggs
15. Birthplace: Savannah Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: Willie Daniel
(b) Address: Madrid, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 6-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Madrid Mo.
18. (a) Signature of funeral director: Richards Mid Co.
(b) Address: New Madrid Mo.
19. (a) 11-6-47 (Date received local registrar) (b) Ellen DeLude (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1947 hour 1 minute 10 A.M.
21. I hereby certify that I attended the deceased from Sept., 1947, to Nov., 1947; that I last saw her alive on Oct. 25, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma - probably ovarian adenocarcinoma	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none	
Of autopsy: none performed	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury

23. Signature: Paul C. Mullen (M. D. or other) MD.
Address: Box 56 Portageville Mo. Date signed 11-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1242-1541
Date Filed 12-1-41

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 Allen C McSpadden Registered Apprentice No. 512, working under my personal supervision.

Signed L S Hedgspeth

Licensed Embalmer, No. 3803

P. O. Address New Madrid, 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.