S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FW Kelley -

State File No. 3694

Registration District No. 270 | Primary Registration District No. 6152 | Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Rural - Liberty TWP. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 Miles N. of Bernie Mo. (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 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Bernie (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 .....

103
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3. (a) PRINT FULL NAME: Nettie Ward
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: James Presley Ward
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: May (Month) 11 (Day) 1880 (Year)

8. AGE: Years 67 | Months 7 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Clarkton Dunklin Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business .....
FATHER
12. Name: Frank Wright
13. Birthplace: Beach Grove Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mollie Nobles
15. Birthplace: Obion Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Leara Ward
(b) Address: Bernie Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery
18. (a) Signature of funeral director: Felix E. Dunn
(b) Address: Bernie, Mo.
19. (a) 1/23-48 (Date received local registrar) (b) Lottie Jefress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6 year 1948 hour 8:06 minute — P.M.

21. I hereby certify that I attended the deceased from Dec. 24, 1945 to Jan. 6, 1948 that I last saw her alive on Dec. 31, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 mo.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: F. O. Kelley (M.D. or other)
Address: Bernie Mo. Date signed 1-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 48-128
Date Filed 1-22-48

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.

OCT 27 1950

Signed J. G. Schaiman

Licensed Embalmer No. 4086

P. O. Address Malden

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.