

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5599

State File No. \_\_\_\_\_  
Registrar's No. 262

Registration District No. 238

Primary Registration District No. 5822

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

1. PLACE OF DEATH:

(a) County New Madrid County  
(b) City or town East Prairie (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 14 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town East Prairie 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 GEORGE WASHINGTON WARD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Francis Ward 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 8, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 6 4 hr. min.

9. Birthplace Indian Territory Okla.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name G. W. Ward

13. Birthplace unknown Georgia  
(City, town, or county) (State or foreign country)

14. Maiden name Rachael Hicks

15. Birthplace Chattanooga Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Francis Ward

(b) Address East Prairie, Mo. Rt.

17. (a) Burial (b) Date thereof Jan 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Francis Kelly  
(b) Address East Prairie, Mo.

19. (a) 1-26-48 (b) Helena Louise Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12  
year 1948 hour 8:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 12-48  
to Jan 12-48  
that I last saw him alive on Jan 12-48  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to 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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_  
(Specify type of place)

23. Signature Thos. C. McElwee (M. D. or other)

Address Dikeaton, Mo. Date signed 1-17-48

RECEIVED

District Health Office No. 2,

District File Number 44-247

Date Filed 2-16-48

**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.

Signed.....

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.**