

FILED APR 6 1948
Registration District No. 389

Primary Registration District No. 4102

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

1. PLACE OF DEATH

(a) County Cass

(b) City or town Craigton
(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 _____ years, months or days 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass ¹⁹

(c) City or town Craigton ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Eulisses Grant Ward

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

20. DATE OF DEATH: Month Mar day 26 year 1948 hour 4 minute AM

21. I hereby certify that I attended the deceased from Jan 15/48 to March 26/48
that I last saw him alive on March 20 1948
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 Married

6. (b) Name of husband or wife Emma Ward 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 4 1870
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

8. AGE: Years 70 Months 0 Days 22 If less than one day _____ hr. _____ min.

Due to Arteriosclerotic Heart Disease

Due to _____

9. Birthplace _____ (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Retired

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

11. Industry or business _____

12. Name Benjamin F. Ward

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

14. Maiden name Mary Coleman

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

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Emma Ward (b) Address Craigton Mo

17. (a) Burial (b) Date thereof 3 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grav

18. (a) Signature of funeral director Hobert Arnold (b) Address Craigton Mo.

19. March 31 1948 (Date received local registrar) Anna J. Jones (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 _____

23. Signature A. J. Gargner (M. D. or other) MD
Address Harrisville Mo Date signed 3/27/48

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.....

Robert Arnold

Licensed Embalmer No. *3621*

P. O. Address. *Creighton, 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.