

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9351

State File No.

Registration District No. 187

Primary Registration District No. 5695

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural Cream Ridge Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 miles northwest of Chula, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 79 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Rural 000
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles northwest of Chula
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ROBERT DONNELL WARD

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

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 6 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>7</u>	<u>25</u>	hr. _____ min.

9. Birthplace Chula, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Fayette Dandridge Ward

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

14. Maiden name Mary Minor

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

16. (a) Informant Clarence & Ralph Ward

(b) Address R.R. #1 Chula, Missouri

17. (a) Burial (b) Date thereof 4-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ward Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) April-1-48 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1948 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 25, 1948, to March 31, 1948;
that I last saw him alive on March 30, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Joseph F. Galt (M. D. number) M.D.

Address Chillicothe Mo Date signed April-1-48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton L. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.