

OHIO DEPARTMENT OF HEALTH

10215

Reg. Dist. No. 392
Primary Reg. Dist. No. 8187

COLUMBUS
CERTIFICATE OF DEATH
Department of Commerce - Bureau of the Census

State File No. _____
Registrar's No. 4913

1. PLACE OF DEATH:
(a) County Franklin
(b) Columbus
(c) Name of hospital or institution: White Cross Hospital
(d) Length of stay: In hospital or institution 12 Days
In this community 12 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Vinton
(c) City or village Rural
(d) Street No. Rt #2 McArthur
(e) If foreign born, how long in U. S. A.?

3. NAME Mary Sowards
(a) If veteran, name war _____ (b) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife David A Sowards 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased 1-31-1857
8. AGE: Years 90 Months 10 Days 9

9. Birthplace Vinton Co Ohio

10. Usual occupation Retired

11. Industry or business Home

12. Name Unknown Ervin

13. Birthplace Do Not Know

14. Maiden name Do Not Know

15. Birthplace Do Not Know

16. (a) Informant's signature Howard Nimmeraker

(b) Address Vinton Co Div of Aid for Aged

17. (a) Burial, cremation, or other; (b) Date Dec-13-1947
(c) Place CJK Cemetery

(d) Ralph W. Heustand 43924
(Name of Embalmer) (Lic. No.)

18. (a) Ralph W. Heustand 3529
(Signature of Funeral Director) (Lic. No.)

(b) Address McArthur Ohio

19. (a) 12-10-47 (b) J. S. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Dec day 10
year 1947 hour 7 minute 35 AM

21. I hereby certify that I attended the deceased from 11-27-47
19 to 12-10-47, 1947:
that I last saw her alive on 12-10, 1947:
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of hip Rt 12 days

Due to _____
Due to _____

Other conditions Thrombosis 10 days
(Include pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy _____

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) Accident

(b) Date of occurrence 12-29-47

(c) Where did injury occur? McArthur Ohio
(City or Village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? No (e) How did injury occur? 870-7
C.W. Dawson M.D. fall

23. Signature C.W. Dawson M.D.
(Specify if Doctor of Medicine or Osteopathy)
Address Columbus Ohio Date signed