

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: [REDACTED]

DATE ISSUED: [REDACTED]

DECEDENT INFORMATION

DATE FILED: [REDACTED]

NAME: JO NEAL WARD

DATE OF DEATH: [REDACTED]

SEX: FEMALE SSN: [REDACTED]

AGE: 081 YEARS

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: CLEVELAND, GEORGIA, UNITED STATES

PLACE OF DEATH: HOSPICE

FACILITY NAME OR STREET ADDRESS: HAVEN HOSPICE - SUWANNEE VALLEY CARE CENTER

LOCATION OF DEATH: [REDACTED]

RESIDENCE: [REDACTED]

COUNTY: [REDACTED]

OCCUPATION, INDUSTRY: [REDACTED]

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Kim Jones

,STATE REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1947 (08/01/2022)

CERTIFICATION OF VITAL RECORD

