

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6982
Do not use this space.

1. PLACE OF DEATH

(a) Country Missouri Registration District No. 398
(b) Township Independence Primary Registration District No. 5554 Registered No. 64
(c) City Independence (d) Street No. Winner Road, Willow St. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Randolph Ware 600
(a) Residence, No. 1331 Hardy Ave St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 11 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

13. NAME Albert R. Ware

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

15. MAIDEN NAME Virginia Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

17. INFORMANT (ADDRESS) Mrs Virginia Ware
1231 Hardy Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington Feb 25, 1938

19. FUNERAL DIRECTOR (ADDRESS) George G. Carson
Independence, Mo.

20. FILED 3-2-38 J. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dr. Carson, 19...
I last saw him alive, 19... Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
Automobile trauma
To skull
In left arm & leg
Other contributory causes of importance: 2/0 rra
Date of onset

Name of operation none Date of none
What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 2-23, 1938
Where did injury occur? Winner Rd. Willow
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automobile Traumatism
Nature of injury To skull In left arm & leg

24. Was disease or injury in any way related to occupation of deceased? n
If so, specify none
(Signed) Dr. Carson, M. D.
(Address) Independence, Mo.

WRITE PLAINLY IN INK
N. B.—Every item of information should be given in plain terms, so that it may be readily understood.
CAUSE OF DEATH in plain terms, so that it may be readily understood.
I X12004

218110

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6982
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Independence Primary Registration District No. 5384 Registered No.
 (c) City Independence Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Randolph Ware
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OF RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 11 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1918

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h. alive on ... 19... Death is said to have occurred on the date stated above, at ... m.
 The principal cause of death and related causes of importance were as follows:

automobile Traumatism
Fract. Skull
Fract. left arm & leg
 Other contributory causes of importance:

Cedestria 2/10/18 - 81

Name of operation Date of ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury ... 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) L. G. Combs M. D.
 (Address) 115 Argyle Bldg. Independence Mo

WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B. Every item of information should be carefully supplied. If the cause of death is an occupational one, the name of the occupation is very important.
 REGISTRARS SHALL NOT RECEIVE A FEE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

S-6982