

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

21159

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 395  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 4614 East 7th St. Registered No. 2427  
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

630 William Lawrence WARD.  
 (a) Residence, No. 4614 East 7th St. 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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner-Retired 3 yrs.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Coal Miner  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Higginville 0  
 (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Thomas Ward. 4

14. BIRTHPLACE (CITY OR TOWN) England 0  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Mackin.

16. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Charles Ward (Brother)  
 (ADDRESS) 5407 Michigan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginville Mo. DATE 6/14/39. 19

19. FUNERAL DIRECTOR (NAME) Melody-McGilley.  
 (ADDRESS) K. C. Mo.

20. FILED 6/13 1939 M. M. Browne  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1939

22. I HEREBY CERTIFY That I attended deceased from June 4, 1939, to June 11, 1939

I last saw him alive on June 11, 1939. Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Myxial Regurg  
g. 2nd

Date of onset

2/4

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? ✓ 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) R. L. St. Clair, M. D.

(Address) 2242 St. John

**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.....

Licensed Embalmer No.....

P. O. Address.....

*52112 St. Johns*  
**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, above space should be left blank.**

*At. Stone*