

FILED APR 8 1942 399

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County. Jackson

(b) City or town. Kansas City

(c) Name of hospital or institution: Wesley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 70 days
(Specify whether years, months or days)

In this community. 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 048

(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1412 Wabash
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME JAMES H. WARD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex. Male 0

5. Color or race. Wh.

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

6. (c) Age of husband or wife if alive. 2 years

7. Birth date of deceased. Sept. 8, 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>6</u>	<u>16</u>	hr. min.

9. Birthplace. Knoxville, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired

11. Industry or business.

MOTHER FATHER {

12. Name. Unknown

13. Birthplace. U. S. A.
(City, town, or county) (State or foreign country)

14. Maiden name. Unknown

15. Birthplace. U. S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Sadie Ross

(b) Address. 2627 Prospect

17. (a) Burial (b) Date thereof. 3/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Greenlawn

18. (a) Signature of funeral director. C. H. BLACKMAN & SON, INC.

(b) Address. 2825 Indep. Blvd., K. C. Mo.

19. (a) 3-16-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day. 24
year. 1942 hour. 6 minute. 40 P.

21. I hereby certify that I attended the deceased from 3/15 to 3/24 at 3/24 and that death occurred on the date and hour stated above.

Immediate cause of death. Bronchial Pneumonia
Duration 2 days

Due to Chronic Myocarditis

Other conditions. None
(Include pregnancy within 3 months of death)

Major findings: 930
Of operations.
Of autopsy.

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. 2

(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. D. R. Russell (M. D. or other)
Address. 3011 - a 1/2 ave. Date signed. 3/25/42

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..... *D. H. Blackman*

Licensed Embalmer No. *3689*

P. O. Address..... *N. E. New*

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.