

FILED MAY 21 1942

Registration District No. 3292

Primary Registration District No. 1002

Registrar's No. 1914

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)

In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3216 Holmes St.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPHINE WARD

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color White

6. (a) Single, widowed, married, divorced, or widow widow

6. (b) Name of husband or wife Edw. Ward

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased: Aug 21 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>8</u>	<u>23</u>	hr. <u>5</u> min.

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Patrick Quinn

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Maher

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Catherine Fields

(b) Address 3216 Holmes

17. (a) Rural (b) Date thereof May 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Patrick J. Quinn

(b) Address Kansas City, Mo

19. (a) 5-15-42 (b) M. M. Persone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1942 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from 4-23-42, 19 , to 5-14-42, 19 , that I last saw her alive on 5-14-42, 19 , and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF THE LUNG

Due to 47d

Due to

Other conditions See above
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(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)

Means of injury

23. Signature Henry C. Thone (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

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.