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1-9-41
7. 5-17-39
X29424

18160

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 148

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 57 Minutes (Specify whether years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 0

(c) City or town Fairmount 0
(If outside city or town limits, write "RURAL")

(d) Street No. 10412 Lexington Avenue
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: -----

3. (a) PRINT FULL NAME Mr. Ralph Ware

3. (b) If veteran, name war No

3. (c) Social Security No. 199-09-8795

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Maude Ware

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: July 14 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Newman Theatre

MOTHER FATHER { 12. Name Robert Ware

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude Ware

(b) Address Cremation

17. (a) Cremation (b) Date thereof June 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons, K.C.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd. K.C. Mo.

19. (a) 6-11-1942 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1942 hour 3 minute 57 A. M.

21. I hereby certify that I attended the deceased from 6-11-42 to 6-11-42, 1942, that I last saw him alive on 6-11-42, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to 83a

Due to 83a

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) 83a

(b) Date of occurrence June 13 1942

(c) Where did injury occur? 83a (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 83a

While at work 83a (Specify type of place) (e) Means of injury 0

23. Signature R. S. Ford (M. D. or other)

Address Independence Mo Date signed 6-11-42

1163

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1942

503 First National Bank Bldg
2.5.30

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..... *A. C. McComer Jr*
Licensed Embalmer No. *4043*
P. O. Address..... *A. C. McComer*

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.