

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 24 1942  
1942

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3426

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:  
21st & West Pennway Street  
(If not in hospital or institution, write street number or location)

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

In this community 50 Years

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. 2506 Olive Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN E. WARD

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14  
year 1942 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h alive Armed \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ellen Ward 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 23 1875  
(Month) (Day) (Year)

Immediate cause of death Cerebral occlusion  
Chromid myocardial infarction

Due to 94a

Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>2</u>	<u>21</u>	hr. _____ min.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Park Department K.C. Mo

MOTHER FATHER

12. Name Edward Ward

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

14. Maiden name Bridget Ward

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

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy see above

Underline the cause to which death should be charged statistically.

16. (a) Informant Ellen Ward (Wife)

(b) Address 2506 Olive Street (CITY)

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

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

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 9/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

(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 \_\_\_\_\_

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 9-17-42 (b) M. B. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address K.C. Mo. Date signed 9/14/42

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

**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

*Blaine E. Wilentz*

Licensed Embalmer No.

*4075*

P. O. Address

*2332 Monitor Pl.*

**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.**