

FILED OCT 20 1942
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3625

48
89

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Conley Clinical
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 1 year

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. 1600 Poplar
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM-LEWIS-WARE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillian May Long Ware

6. (c) Age of husband or wife if alive (19.00) 1939 years

7. Birth date of deceased FEB. 17 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer Retired

11. Industry or business Aircraft Co.

12. Name John Ware

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

14. Maiden name Harriett E. Cummings

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

16. (a) Informant Mrs. George Hall

(b) Address 1600 Poplar - K. C.

17. (a) Removal (b) Date thereof 10-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeville Mo.

18. (a) Signature of funeral director William S. ...

(b) Address 1946 Calhoun St. Jackson

19. (a) 10-2-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1942 hour 2 minute 54 am.

21. I hereby certify that I attended the deceased from 9-17-42 to 10-2-42

that I last saw him alive on 10-2-42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 weeks

Due to 830

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature John H. Henry (M.D. or other) MD

Address 1619 Harper Date signed 10-2-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
..... *Oct 2, 42*, Registered Apprentice No.....
working under my personal supervision.

Signed.....

John G. Flurley

Licensed Embalmer No. *4050*

P. O. Address *St Joseph Mo*

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.