

FILED FEB 10 1943

Registration District No. ....

Primary Registration District No. .... 1002

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:  
Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Days  
In this community 28 Yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Jackson Mo (b) County Jackson  
(c) City or town Gashland Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country /

3. (a) PRINT FULL NAME Mrs Jean WARD

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Ward 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased February 2nd 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
28 11 22 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Charles H. Gann. Missouri  
(City, town, or county) (State or foreign country)

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

14. Maiden name Maude E. Sullivan.

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

16. (a) Informant James Ward  
(b) Address Gashland Missouri.

17. (a) Burial (b) Date thereof 1/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Melody-McGilley  
(b) Address K. C. Mo.

19. (a) 1-27-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th  
year 1943 hour 10:20 minute P.M.

21. I hereby certify that I attended the deceased from Dec 15 1942  
Jan 24 to 1943

that I last saw her alive on Jan 24, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's Disease Duration 3 years

Due to ?  
44 B

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

Major findings: — Of operations — Of autopsy Infiltration of glands, nodes, axilla, thymic glands + mesenteric

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? —

23. Signature Melody McGilley (Specify type of place) (a) Means of injury —  
Address 924 P. M. 112th St. K. C. Mo. (M. D. or other) M.D.  
Date signed 1-25-43

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.**