

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

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Kansas City,**

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

(c) Name of hospital or institution:  
**St. Joseph Hospital,**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week**  
(Specify whether years, months or days)

In this community **20 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. **4000 Warwick Blvd.,**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **x**

3. (a) PRINT FULL NAME **Mrs. Cora W. Ware,**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **Female**

5. Color or race **white**

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

6. (b) Name of husband or wife **H. B. Ware**

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

7. Birth date of deceased **November 17 1863**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>79</b>	<b>8</b>	<b>28</b>	<b>4</b> hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **x**

MOTHER FATHER {

12. Name **James K. Woods,**

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

14. Maiden name **Sarah A. Hartman,**

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

16. (a) Informant **Mrs. Helen J. Agey,**

(b) Address **4000 Warwick Blvd., K. C., Mo.**

17. (a) **Cremation** (b) Date thereof **8-13-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **8-12-43** (b) **J. C. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11th**  
year **1943** hour **4:00** minute **8** A. M.

21. I hereby certify that I attended the deceased from **Aug 11** 19**43** to **August 11** 19**43**  
that I last saw him **lx** alive on **Aug 11** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion - 86%**

Due to **94%**

Due to **Left Ventricular Failure**

Other conditions **Left Ventricular**  
(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? \_\_\_\_\_

23. Signature **J. C. Brown** (M. D. or other) **no**  
Address **KC Mo** Date signed **8-12-43**

Duration **5 days**

PHYSICIAN **—**

Underline the cause to which death should be charged statistically.

*At Joseph's home - until  
on 6th floor!!*

Dr. Wm. Ketchum,

**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address. K. C. 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.**