

FILED MAR 6 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 928

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: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)

In this community 18 days

3. (a) PRINT FULL NAME WALTER LORD

3. (b) If veteran, name war no

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 Farnett

6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased Dec. 10, 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business

12. Name Henry Ford

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

14. Maiden name Rhodan Scott

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

16: (a) Informant Mr. C. M. Griffith

(b) Address Harrisonville, Mo.

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof Feb 28 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville, Mo.

18. (a) Signature of funeral director Remyburgus

(b) Address Harrisonville, Mo.

19. (a) 2-26-44 (Date received local registrar)

(b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Harrisonville (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1944 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from Jan., 1942, to Feb 26, 1944
that I last saw him alive on Feb 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate with general metastases

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death)

Major findings: Carcinoma Prostate

Of operations _____

Of autopsy 5/8

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 0

23. Signature G. Sophiein (M. D. or other)

Address 1405 Bryan Bldg. Date signed Feb 26/44

Duration About 3 years

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

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

MAR 16 1944

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 Ernest Rannenburg

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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, above space should be left blank.