S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 6375

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 694

**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:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 16 YEARS. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 48
(a) State Missouri (b) County Jackson 2
(c) City or town 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2600 Jarboe
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles W. Ware
3. (b) If veteran, name war no -
3. (c) Social Security No. 499-14-3444
4. Sex MALE
5. Color or race Wht
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. EDNA WARE
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased FEB (Month) 16 (Day) 1884 (Year)

8. AGE: Years 59 Months 11 Days 22 If less than one day hr. min.

9. Birthplace ROSENDALE (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation LABORER
11. Industry or business
MOTHER FATHER
12. Name UNKNOWN WARE
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
14. Maiden name NANCY A. SIPES
15. Birthplace UNKNOWN. (City, town, or county) INDIANA! (State or foreign country)
16. (a) Informant Mrs Edna Ware
(b) Address 2600 Jarboe K. C. Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 14 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood K. C.
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Pl. K. C. Mo.
19. (a) 2-11-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 8 year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 26 1944 to February 8 1944 that I last saw him alive on February 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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

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? (Specify type of place)
While at work (e) Means of injury 0

23. Signature A. E. Usher (M. D. or other) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 2-9-44

(Licensed Embalmer's Statement on Reverse Side)

## 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 Jack W. Laybourne

Licensed Embalmer No. 1715

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.**