

No. 2
12-45
17-39
X47070

FILED NOV 20 1946

Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town LEANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2413 DENVER AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 YEARS (Specify whether
In this community 26 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 48
(c) City or town LEANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2413 DENVER AVENUE 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME WILLIAM MARION WARD

3. (b) If veteran, name war No
3. (c) Social Security No. 487-03-4047

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. EFFIE WARD
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased MAY-14-1896
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 25
If less than one day hr. min.

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

10. Usual occupation EMPLOYEE

11. Industry or business SIX CLAIR OIL COMPANY

12. Name GEORGE H. WARD

13. Birthplace ROCHESTER NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name MARY E TAYLOR
(City, town, or county) (State or foreign country)

15. Birthplace ROCHESTER NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant EFFIE WARD

(b) Address 2413 DENVER AVENUE

17. (a) BURIAL (b) Date thereof NOV 11 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director O. W. Newcomer, Secy

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-9-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9TH
year 1946 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Oct 11 1946 to Nov 9 1946
that I last saw h. alive on Nov 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to Shock - Hemorrhage

Due to Hemorrhage of Duodenum - 2 in.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 178

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 P.O. 2

23. Signature Seraldine Holmes (M. D. or other) Secy
Address 1401 Brush Creek Blvd. Date signed 11/9/46

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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.....

Carl Papp

Licensed Embalmer No.....

03458

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.