

Registration District No. 199

Primary Registration District No. 1002

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:  
709 Washington Street /  
(If not in hospital or institution, write street number or location)

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

In this community about 40 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 709 Washington Street <sup>8</sup>  
(If rural, give location)

(e) Citizen of foreign country? No <sup>0</sup>  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Joseph Ward

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th  
year 1947 hour 3:05PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

4. Sex Male <sup>0</sup> 5. Color or race White

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 3, 1868 years

7. Birth date of deceased About 29 years 1867  
(Month) (Day) (Year)

Duration \_\_\_\_\_

Coronary Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Deputy Coroner  
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. care by aff  
12-1-48

12. Name Unknown Mathew Ward

13. Birthplace Unknown Grand Pass, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Lydia Lynch

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: good

Of operations \_\_\_\_\_

Of autopsy Photography & inspection

16. (a) Informant Mrs. Mary Pratt

(b) Address 709 Washington Street

17. (a) Burial (b) Date thereof 5-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary-K.C. Kan.

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? \_\_\_\_\_

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 5-22-47 Maldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? at work (Specify type of place)

23. Signature at work (Means of injury)

Address 7800 main

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..... *Blaine E. Walters*

..... Licensed Embalmer No..... *4075*

..... 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Jackson SS.

State File No. 17664-47  
Local Registrar's No. 2250-47

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10 day of November, 1948, before me appears Mrs.  
Violet Starbuck, who, upon her oath, states that the original record of birth  
for William Joseph Ward died 5-17, 1947, in the State of  
Missouri, and which was filed at St. C. Mo on 5-22, 1947, should be corrected as follows:

Item No. 3 should read William Thomas Joseph Ward

Instead of William Joseph Ward

Item No. 7 should read August 3, 1868

Instead of - 1867

Item No. 8 should read 78-9-14

Instead of app. 80

Item No. 12 should read Matthew Ward

Instead of Grand Pass, Mo

Item No. 13 should read Lydia Lynch

Instead of

Item No. 14 should read

Instead of

Item No. 18 should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Violet Starbuck Relation daughter

6222 E. 15 St. Terr.  
Present Address.

Subscribed and sworn to before me this 10 day of Nov., 1948

My Commission expires Oct. 21, 1951 Carrie M. Ruppeluis Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

