

FILED JUN 23 1947
Registration District No. 197

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 Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hr. 15 mins.
In this community years, months or days 1 hr. 15 min.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1618 Jarboe
(If rural, give location) 8
 (e) Citizen of foreign country? no. (Yes or No) 8
 If yes, name country _____

3. (a) PRINT FULL NAME Deral Lee Ward Infant
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 7
 year 1947 hour 7 minute 35 P. M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 7, 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-7 to 6-7, 1947, that I last saw him alive on 6-7, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. min. _____

Immediate cause of death Prematurity
 Due to _____
 Due to _____

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

Other conditions 159
(Include pregnancy within 3 months of death)

10. Usual occupation Infant

Major findings:
 Of operations _____
 Of autopsy None

MOTHER FATHER

11. Industry or business _____
 12. Name Forest Edward Ward
 13. Birthplace Mexiana City, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Louise Elizabeth Welch
 15. Birthplace Garnett, Kansas
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Pearl Welch
 (b) Address 129 E. College, Indef. Mo.
 17. (a) Removal (b) Date thereof 6-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Blue Springs, Mo.

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 Carson DeMuelaine
 (b) Address Independence, Mo.
 19. (a) 6-9-47 (b) Heraldine Holme
(Date received local registrar) (Registrar's signature)

23. Signature Wm W. Hart (M. D. or other) MD
 Address Med. Dir. Gen'l Hosp. Date signed 6-9-47

Dr. [unclear]

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.....

Licensed Embalmer No.....

P. O. Address.....

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.