

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30641**  
**3637**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>35 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>621 Locust Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CURT</b> b. (Middle) <b>WARD</b> c. (Last) <b>WARD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 20 1949</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	
8. DATE OF BIRTH <b>SEPTEMBER 3 1893</b>		9. AGE (In years last birthday) <b>57</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLEANER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>STERLING HAT WKS</b>		11. BIRTHPLACE (State or foreign country) <b>SPRINGFIELD, MISSOURI</b>	
13a. FATHER'S NAME <b>JOHN WARD</b>				13b. MOTHER'S MAIDEN NAME <b>SUSIE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>				16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>LELLA SMITH</b>				ADDRESS <b>2309 Campbell Street</b>	

13a. FATHER'S NAME <b>JOHN WARD</b>		13b. MOTHER'S MAIDEN NAME <b>SUSIE</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>LELLA SMITH</b>	
				ADDRESS <b>2309 Campbell Street</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BENIGN GASTRIC ULCERS WITH MASSIVE GASTRO-INTESTINAL HEMORRHAGE</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8/18/1949, to 8/20/1949, that I last saw the deceased alive on 8/20/1949, and that death occurred at 3:50A m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Frank Ellis</b>		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>8/20/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8/23/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>	
24d. LOCATION (City, town, or county) (State) <b>W.C. Mo.</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Fannie R. Meek</b>		ADDRESS <b>W.C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-23-49</b>		REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fannie R. Meek</b>	

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Maynard C. Williams*

Licensed Embalmer No. 4653

P. O. Address H. P.

**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.