

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30643

State File No. 4152

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS <u>Milner Hotel</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Milner Hotel 219 W. 12th St.</u>				d. STREET ADDRESS (If rural, give location) <u>Milner Hotel</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Tilden</u>		c. (Last) <u>Ward</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	
8. DATE OF BIRTH <u>9-25-76</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grey Company</u>	
11. BIRTHPLACE (State or foreign country) <u>Longview, Texas</u>		13a. FATHER'S NAME <u>Nathan S. Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Tincher</u>		14. NAME OF HUSBAND OR WIFE <u>Emeline ---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>1-99-14-1219</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John T. Ward, Jr., Pomona, California</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Intestinal Obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Mesenteric Thrombosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio-sclerosis</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5702</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:35 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u>				23b. ADDRESS <u>1034 Quail Blvd</u>		23c. DATE SIGNED <u>9-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-27-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Eylar</u>		ADDRESS <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Max H. Kirkendoll

Licensed Embalmer No. *4632*

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.