

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19980

State File No.

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 44

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).	
a. COUNTY <u>Harrison</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>	c. LENGTH OF STAY (in this place) <u>10 hours</u>	d. FULL NAME OF HOSPITAL OR INSTITUTION <u>649 South 20 street</u>
a. STATE <u>Kansas</u>	b. COUNTY <u>Wyandott</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Kansas</u>	d. STREET ADDRESS (If rural, give location) <u>726 1/2 Nebraska Avenue</u>

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Ruth</u>	b. (Middle) <u>Roberta</u>	c. (Last) <u>Ward</u>	<u>May 27 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>M</u>	8. DATE OF BIRTH <u>June 17 1903</u>	9. AGE (In years last birthday) <u>46</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pattonsburg Dacuse County Mo</u>	
13a. FATHER'S NAME <u>Earnest Jacob Kinder</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Mae Bender</u>		14. NAME OF HUSBAND OR WIFE <u>Ina D Ward</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ina D Ward</u> ADDRESS <u>726 1/2 Nebraska Kansas City Kansas</u>	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		<u>10 min.</u>	
*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		DUE TO (b) <u>Arteriosclerotic C-V. disease 5 years</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Coronary Sclerosis 5 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS		<u>probable rheumatic heart disease 10 years</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.		<u>possible thyrotropic heart disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

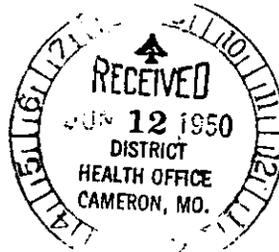
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
				<u>4207</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to 5/27, 1950, that I last saw the deceased alive on 4/27, and that death occurred at 4:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leonard R. Lee, M.D.</u>		23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>6/1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 1 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Foster cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>New Hampton Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>W H Noble</u>		24f. ADDRESS <u>New Hampton Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-5-50</u>		REGISTRAR'S SIGNATURE <u>John Burrier</u>			

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

3411



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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.