

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18317

State File No.

2743

FILED JUN 9 1953

BIRTH NO.

REG. DIST. NO.

149

PRIMARY REG. DIST. NO.

1002

Registrar's No.

2743

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 7 years		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		e. STREET ADDRESS (If rural, give location) 120 613 main st		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin		b. (Middle) Franklin		c. (Last) Ward	
4. DATE OF DEATH 5-15-53		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH JAN 23 1902		9. AGE (In years last birthday) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CURANVILLE Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Benjamin F Ward		13b. MOTHER'S MAIDEN NAME Cora Phillip	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME John Ward		ADDRESS Arcadia Kansas		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* (a) Cause of Death Unknown		INTERVAL BETWEEN ONSET AND DEATH 7955		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Discoloration from Head	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Refused		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural?		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 _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Hugh H. Owens		23b. ADDRESS 1034 Pinalto Bldg		23c. DATE SIGNED 5-18-53	
23a. BURLIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-21-53		23c. NAME OF CEMETERY OR CREMATORY Sheffield Country	
23d. LOCATION (City, town, or county) (State) Arcadia Kansas		23e. DATE REC'D BY LOCAL REG. 5-29-53		23f. REGISTRAR'S SIGNATURE Lealdine Smith	
23g. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros		23h. ADDRESS 11 C Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1954

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.....
Signature of Student Embalmer

Signed *Francisco Walter*

Licensed Embalmer No. *2744*

P. O. Address *KCMO*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.