

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27808**  
**3838**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Platte</b>	
b. CITY OR TOWN <b>KANSAS CITY</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>PARKVILLE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>P. O. Box 322</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>L.</b> c. (Last) <b>WARD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 5, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 8, 1879</b>
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gents furnishings</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>LeRoy, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Benjamin F. Ward</b>	13b. MOTHER'S MAIDEN NAME <b>Polly Strong</b>	14. NAME OF HUSBAND OR WIFE <b>unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes SAW</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Official Records, VA Hospital, K.C. Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		
	ANTECEDENT CAUSES <b>Pulmonary edema;</b> DUE TO (b) <b>Carcinoma of Pyriform sinus with Metastasis to lymph nodes, lung, liver,</b> DUE TO (c) <b>bones, and spinal cord</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Cor Pulmonale, minimal, secondary to lymphangitic metastatic carcinoma of lung.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 21, 1954, to August 5, 1954, ~~and that death occurred at 2:20 P. m., from the causes and on the date stated above.~~  
~~XXXXXXXXXXXXXXXXXXXX 19 XXXX~~

23a. SIGNATURE <b>C. C. Young</b>	(Degree or title) <b>D</b>	23b. ADDRESS <b>C. G. YOUNG, M.D. VA Hospital, Kansas City, Mo</b>	23c. DATE SIGNED <b>8/5/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8/6/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parkville, Mo</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>8-6-54</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Leland Francis Mortuary, Parkville, Mo</b>	ADDRESS <b>By Sidmon's</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS  
AUG 4  
1968

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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 *John R. Bidmon*

Licensed Embalmer No. 453

P. O. Address *Kansas City*

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.