S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5115

Primary Registration District No. 1002

Registrar's No. 807

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2622 MONTGALL HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 12 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JACKSON
(c) City or town K C MO
(If outside city or town limits, write "RURAL")
(d) Street No. 2622 MONTGALL
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GRACE WARD
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FE 3
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SAMUEL WARD
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased MAR (Month) 15 (Day) 1914 (Year)

8. AGE: Years 32 | Months 9 | Days 3 | If less than one day ____ hr. ____ min.
9. Birthplace LIBERTY, (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
MOTHER FATHER
12. Name FRED DOUGLASS
13. Birthplace WEST TENN. (City, town, or county) (State or foreign country)
14. Maiden name ROSIE SHEPARD
15. Birthplace LIBERTY, (City, town, or county) MO. (State or foreign country)
16. (a) Informant SAMUEL WARD (HUSBAND)
(b) Address 2622 MONTGALL
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo
18. (a) Signature of funeral director Blanton & Green Street
(b) Address 1819 & 115 E K C Mo.
19. (a) 2-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 o'clock
year 1947 hour 9 minute 45 M.
21. I hereby certify that I attended the deceased from Feb 16 - 1947, to Feb 18 1947
that I last saw her alive on 2-18 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular Fibrillation	
Due to: Hypertensive Heart Disease	
Due to: Chr. Interstitial Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings: Of operations none
Of autopsy no

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) (e) Means of injury no

23. Signature J. L. Wells (M. D. or other)
Address 212 E 15th Kan City Date signed 2-14-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Laurence A. Jones

Licensed Embalmer No. 4429

P. O. Address 2500 Park 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.