

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38511

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 4275

1. PLACE OF DEATH:

(a) County JACKSON 1
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RESEARCH HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 DAYS
 (Specify whether years, months or days)
 In this community 25 YEARS

8. (a) PRINT FULL NAME MRS CLARA M WARD8. (b) If veteran, name war _____ 8. (c) Social Security No. NO ONE4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife MR DAVID WARD 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased JUNE 6 1857
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
82 5 1 hr. _____ min.9. Birthplace CUBA NEW YORK
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME

11. Industry or business _____

12. Name JOHN MULLINDER13. Birthplace NEW YORK
(City, town, or county) (State or foreign country)14. Maiden name JENNETTE LOVERIDGE15. Birthplace CONNECTICUT
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Laura U. Ward(b) Address 3741-HIGHLAND AVE.17. (a) REMOVAL (b) Date thereof NOV-9-1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation OSBORNE KANSAS18. (a) Signature of funeral director D. H. Newcomer's Sons(b) Address 1401 BRUSH CREEK BLVD19. (a) NOV. 8/39 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3741-HIGHLAND AVE.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 7TH
year 1939 hour 10:40 minute A. M.21. I hereby certify that I attended the deceased from Nov 1
Nov 1, 1939, to Nov 7, 1939;
that I last saw her alive on Nov 7, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Congestive
Pneumonia
Due to cardiac weaknessDue to Large Gastric Hemorrhage
Nov 1st 1939Other conditions Arteriosclerosis gastric ulcers
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy Arteriosclerosis Gastric Ulcers
Congestive Pneumonia, Myocardial22. If death was due to external causes, fill in the following: Septicemia

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(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?
!

(Specify type of place) (e) Means of injury _____

23. Signature W. C. Knappberger MD (M. D. or other) _____Address 934 Orange Blvd Date signed 11-7-39

934 Leggett Bldg.
11:30-4:150

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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, above space should be left blank.