

FILED OCT 18 1940

Registration District No. 700

Primary Registration District No. 55537

Registrar's No. 171

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Jackson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for the aged.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 6 mos.
(Specify whether years, months or days) 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Jackson
(c) City or town Kansas City 2708 1/2 Independence Ave.
(If outside city or town limits, write "RURAL")
(d) Street No. RR# 6 Independence, mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME David M. Ware

3. (b) If veteran, name war No. No. (c) Social Security No. No.

4. Sex M Color or race W (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife (c) Age of husband or wife if alive years

7. Birth date of deceased July 25 1854 (Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Iowa (City, town or county) (State or foreign country)

10. Usual occupation Laborer (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown (City, town or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town or county) (State or foreign country)

16. (a) Informant J. W. J. McCarty

(b) Address Little River, Mo.

17. (a) Burial (b) Date thereof Sept 6 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Beer

18. (a) Signature of funeral director K. G. M. (b) Address K. G. M.

19. (a) 9-10-40 (b) David S. Darnes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1940 hour 11 minute 4 A.M.

21. I hereby certify that I attended the deceased from July 16, 1940 to Sept 4, 1940 that I last saw him alive on Sept 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Cardio Renal degeneration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(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?

(e) While at work? (Specify type of place) Means of injury

23. Signature J. W. J. McCarty (M. D. or other) Address 419-21 Walnut Date signed 9-10-40

Duration 1 1/2 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 _____

Licensed Embalmer No. 3991

P.O. Address: 5725 Virginia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.