

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3798**

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:  
**804 West 71st Street Terrace**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 Months**  
 In this community **2 Months**  
 years, months or days

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. **804 West 71st Street Terrace**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes name country

3. (a) PRINT FULL NAME **Mr. William K. Ward**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **515-10-8161**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Mrs. Hattie B. Ward** 6. (c) Age of husband or wife if alive **78** years  
 7. Birth date of deceased **February 13 1860**  
 (Month) (Day) (Year)

8. AGE: Years **81** Months **7** Days **25** If less than one day hr. min.

9. Birthplace **Henry Illinois**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Steam Fitter**

11. Industry or business **Retired 1 Year**

MOTHER FATHER { 12. Name **Unknown Ward**  
 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 **Russell Herby Ward**  
 (b) Address **804 W. 71st Terrace**

17. (a) Removal **10/10/41** (b) Date thereof **Oct. 10, 1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wichita, Kansas**  
 18. (a) Signature of funeral director **O. H. Newcomer's Sons**  
 (b) Address **1401 Brush Creek Blvd.**

19. (a) **10/10/41** (b) **M. M. Crowe**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10th**  
 year **1941** hour **3** minute **30** A. M.

21. I hereby certify that I attended the deceased from **1941** to **1941**  
 that I last saw **alive on** **1941**  
 and death occurred on the date and hour stated above.  
 Immediate cause of death

**Bladder prostates and pro-**  
**nephrosis**  
**Carcinoma of the bladder**

Other conditions **52 B**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy **yes**

PHYSICIAN

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)  
 (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?

While at work (Specify type of place) Means of injury  
 23. Signature **W. H. ...** (M. D. or other)  
 Address **1401 Brush Creek Blvd.** Date signed

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

JAN 7 - 1940

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 3965

P. O. Address..... Kansas City

**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, fact should be so stated above.