

FILED JUN 7 1943
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2328

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

1. PLACE OF DEATH: Jackson
 (a) County Kansas
 (b) City or town City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)
 In this community 40 Years

3. (a) PRINT FULL NAME Mr. Commodore Jones Ward, Sr.
 3. (b) If veteran, name war No
 3. (c) Social Security No. no

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Hattie S. Ward
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased October 22 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>25</u>	br. _____ min.

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

10. Usual occupation Painting Contractor

11. Industry or business Unity School of Christianity

12. Name Thomas G. Ward

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

14. Maiden name Augusta McCracken

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

16. (a) Informant Mrs. Hattie S. Ward

(b) Address 4018 East 69th Street

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof May 20, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. H. McConnell's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-20-43 (b) M. M. Brown
(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. 4018 W. 69th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 17th
 year 1943 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 17, 1943, to May 17, 1943, that I last saw him alive on May 17, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
 Due to _____
 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? _____

While at work _____
(Specify type of place) Means of injury: _____
 23. Signature Dr. R. J. Shorn (M. D. or other) 5/18/43
 Address Med. Dir. K. General Hosp. Date signed 5/18/43

MOTHER FATHER

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 Ernie 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, fact should be so stated above.