

FILED DEC 3 1943
1943

State File No. 4937
Registrar's No.

Registration District No. 199

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Luke's Hospital
(d) Length of stay: In hospital or institution 1 mo. 10 days
In this community 1 mo. 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas
(b) County Manhattan
(c) City or town Manhattan
(d) Street No. 519 N. Manhattan
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WALTER G. WARD

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Nov. day 22
year 1943 hour 6:00 minute A. M.

4. Sex Ma
5. Color or Race Wh
6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from October 10th 1943 to Nov 22 1943
that I last saw him alive on 11/22/43
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Iva Ward
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased 3-28-1887

Immediate cause of death
Cerebral Embolus

8. AGE: Years 56 Months 7 Days 24
If less than one day

Due to Hypertensive Heart Disease 14 yr 7.
Auricular Fibrillation 30 yr

9. Birthplace Ada, Shaw Co. Kansas

Due to Chronic glomerulonephritis 3 yrs.

10. Usual occupation Extension Specialist
11. Industry or business Kansas State College

Other conditions Acute Sepsis - Sept. + pneumonia 4 yr

12. Name John W. Ward
13. Birthplace England

Major findings: Of operations 134

14. Maiden name Addie Silling
15. Birthplace Clinton Iowa

Of autopsy none

16. (a) Informant E. D. Warner
(b) Address 1721 Pierre, Manhattan, Kans

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Removal
(b) Date thereof 11-22-43
(c) Place: burial or cremation Manhattan, Kansas

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

18. (a) Signature of funeral director W. Wagner
(b) Address Kansas City, Mo.

23. Signature Harold V. Amos (M. D. or other)
Address Plaza Med Bldg E. City, Mo
Date signed 11/22/43

19. (a) 11-22-43 (Date received local registrar)
(b) P. E. Brown (Registrar's signature)

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

8591 1 8 1958

APR 3 1958

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 A. R. Harnischel

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.