

FILED JAN 19 1945

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan.
(b) City or town St. Joseph.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month 18 Days
(Specify whether (Hospt.))
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan.
(c) City or town New Hampton Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilbur W. Ward.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-20-2544

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single.

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

7. Birth date of deceased December 18, 1927
(Month) (Day) (Year)

8. AGE: Years 17 Months 0 Days 19 If less than one day hr. _____ min. _____

9. Birthplace New Hampton Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business Armour & Co.

12. Name James A. Ward.

13. Birthplace New Hampton Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bentz.

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

16. (a) Informant Mary Ward.
(b) Address 1019 Sylvania Street.

17. (a) Removal. (b) Date thereof Jan 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hampton Missouri

18. (a) Signature of funeral director Norman W. Sidenfaden
(b) Address 1802 Union St. St. Joseph Mo.

19. (a) 1-8-45 (b) Helen K. Kehl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1945 hour 7. minute 30 P.M.

21. I hereby certify that I attended the deceased from July 10-44
19. _____ to Jan 7- 19. 45

that I last saw him alive on Jan 7- 19. 45
and that death occurred on the date and hour stated above.

Immediate cause of death: Liver abscess

Due to: Hematoma -

Due to: Operation for

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Perforated duodenum
Of operations: _____
Of autopsy: see above 1/7/45

Duration

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) (e) Means of injury _____

23. Signature Paul Forgave (M. D. or other) _____
Address St. Joseph, Mo. Date signed 1-8-45

Forgone

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

Keith Collier

Licensed Embalmer No. 3632

P. O. Address. *St Joseph M*

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.