

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1851**

FILED FEB 7 1946
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **426**

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:
General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 18 Months

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. 724 Campbell
(If rural, give location)

(e) Citizen of foreign country? No
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lenex Ward

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10, year 1946 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from January 1, 1946 to January 10, 1946;

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luella Ward

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: August 17, 1899
(Month) (Day) (Year)

that I last saw him alive on January 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration _____

8. AGE: Years 46 Months 4 Days 23 If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

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

10. Usual occupation unemployed

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

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

MOTHER FATHER

12. Name Will Ward

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

14. Maiden name Rosa

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

16. (a) Informant Medical Records Librarian

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 1-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

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? _____

18. (a) Signature of funeral director Adkins Bros

(b) Address 2000 E. 12th St. K.C. Mo.

19. (a) 1-24-46 (b) Shelaine Holmes
(Date received local registrar) (Registrar's signature)

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

23. Signature G. C. Currier (If D. or other) _____

Address General Hospital #2 Date signed 1/10/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1312

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.T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.