

No. 2  
5-43  
5-17-39  
X36671

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

FILED NOV 6 1948

Registration District No. 149

Primary Registration District No. 1002

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 No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 21 hrs.  
(Specify whether years, months or days)

In this community 50 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Esther Ward

3. (b) If veteran, name war. xx

3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh

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

6. (b) Name of husband or wife. Dana B. Ward

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

7. Birth date of deceased. March 2 1873  
(Month) (Day) (Year)

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

75 7 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation. At Home

11. Industry or business. No Record

MOTHER FATHER

12. Name. " "

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

14. Maiden name. " "

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

16. (a) Informant. John Boosinger

(b) Address. 7 W. 70th Terrace

17. (a) Burial (b) Date thereof. 10-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Forest Hill

18. (a) Signature of funeral director. J. W. Wagner

(b) Address. Kansas City, Mo.

19. (a) 10-18-48 (b) Thereldine Holmes  
(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. 3128 Wayne  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
year 1948 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct. 16, 1948, to Oct. 17, 1948, that I last saw h. er alive on Oct. 17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac decompensation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. 95C  
(Include pregnancy within 3 months of death)

Major findings: 95C  
Of operations \_\_\_\_\_

Of autopsy None

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)

Wm. W. Hart (e) Means of injury \_\_\_\_\_

23. Signature Wm. W. Hart Date signed 10-18-48  
Address Med. Dir. Gen'l Hosp. Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

*Dr. Embalsmer*

---

---

**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.....

*Eugene L. Kemmer*....., Registered Apprentice No. *217*  
working under my personal supervision.

Signed *Alvin R. Harnschoff*.....

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.**