

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16204**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2248**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mc Donald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) X /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Mildred	b. (Middle) Roberta M.	c. (Last) Ward	4. DATE OF DEATH (Month) (Day) (Year) May 23, 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 31, 1912	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours	IF UNDER 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Frank Montgall	13b. MOTHER'S MAIDEN NAME Margaret Carmody	14. NAME OF HUSBAND OR WIFE Dr. Harold C. Ward
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. don't know	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Colthorp	ADDRESS 3218 Benton Blvd.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH childhood 10 days 5 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic rheumatic mitral stenosis with congestive heart failure		
	ANTECEDENT CAUSES DUE TO (b) right lobar pneumonia with empyema DUE TO (c) 490X		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION 5-21-49	19b. MAJOR FINDINGS OF OPERATION Thoracentesis - pleural effusion & hydro thorax	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 20**, 19**49**, to **May 23**, 19**49** that I last saw the deceased alive on **May 23**, 19**49**, and that death occurred at **11A.** m., from the causes and on the date stated above.

23a. SIGNATURE E. I. Schindler D.O. <i>E. I. Schindler D.O.</i>	23b. ADDRESS 421 Shukert Bldg. K. C. Mo.	23c. DATE SIGNED 5-23-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 23, 1949	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cem.	24d. LOCATION (City, town, or county) (State) Joplin, Mo.
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DATE REC'D BY LOCAL REG. 5-23-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons	ADDRESS 1331 Brush Creek Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.		the underlying cause last.		DUE TO (c) <i>new record 6-3-49 4901</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>5/21-49</i>	19b. MAJOR FINDINGS OF OPERATION <i>Thoracentesis - Pleural effusion & Pyo hydro-thorax</i>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>May 20</i> , 19 <i>49</i> , to <i>May 23</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>5-23-</i> , 19 <i>49</i> , and that death occurred at <i>11 a</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>E. I. Schindler D.O.</i> (Degree or title)		23b. ADDRESS <i>421 Shubert Bldg KC Mo</i>		23c. DATE SIGNED <i>5-23-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<i>BURIAL</i>	<i>MAY-23-1949</i>	<i>OZARK MEMORIAL CEM.</i>		<i>JOOPRINT, MISSOURI</i>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Waldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>D.N. Newcomer</i> ADDRESS <i>1331-BRUSH CREEK KANSAS CITY, MO.</i>		
<i>5-23-49</i>					

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

1949
5-16204

Signed.....

Jess T. Jones

Licensed Embalmer No. 4453

P. O. Address *Kansas City*

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.