

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34025**

4527

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 10 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3320 Baltimore				d. STREET ADDRESS (If rural, give location) 3320 Baltimore			
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) R.		c. (Last) WARD		4. DATE OF DEATH (Month) (Day) (Year) 10 21 49	
5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-25-1869	
9. AGE (In years less birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (State or foreign country) Illinois	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record	
13c. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE William Ward		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XX		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Davis		17. ADDRESS 3320 Baltimore					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of the descending colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Valvular heart disease				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 June , 19 46 to Oct. 21 , 19 49 , that I last saw the deceased alive on Oct. 21 , 19 49 , and that death occurred at 4:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Charles Phante (Degree or title)				23b. ADDRESS D. C. 3 East 39th St.		23c. DATE SIGNED Oct. 22/49	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 10-23-49		24c. NAME OF CEMETERY OR CREMATORY Grant Cemetery		24d. LOCATION (City, town, or county) (State) Creighton Mo.	
DATE REC'D BY LOCAL REG. 10-22-49		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner		ADDRESS Kansas City Mo	

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

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6.
3011
VA 1800

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 Eugene L. Kemmer

Licensed Embalmer No. 4633

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.