No. 300
10-48

FILED MAR 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5187

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 586

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1. PLACE OF DEATH a. COUNTY: Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City c. LENGTH OF STAY (in this place): 40 yrs	c. CITY OR TOWN: Kansas City d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Campbell Nursing Home	STREET ADDRESS (If rural, give location): 4409 Prospect

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) N. c. (Last) Ward

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 56

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 12-17-74

9. AGE (In years last birthday): 81 ~~82~~ IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timekeeper

10b. KIND OF BUSINESS OR INDUSTRY: K.C. Public Service

11. BIRTHPLACE (City and State or Foreign Country): Leavenworth, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: George W. Ward

13b. MOTHER'S MAIDEN NAME: Sallie C. Ewell

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George S. Ward, 4235 Agnes, K.C. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 490X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-30, 1956, *to* 2-7, 1956 *that I last saw the deceased alive on* 2-6, 1956, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE H. H. Owens (Degree or title) H. H. Owens MD

23b. ADDRESS 1034 Rialto Bldg

23c. DATE SIGNED 2-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-11-56

24c. NAME OF CEMETERY OR CREMATORY: Mt. Muncie Cemetery

24d. LOCATION (City, town, or county) (State): Leavenworth Kansas

DATE REC'D BY LOCAL REG.: 2-8-56

REGISTRAR'S SIGNATURE: Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Freeman Mortuary, 42nd & Broadway, K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Fr. H. H. Owens
Rialto Bldg.
12-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. P. Freem

Licensed Embalmer No. 29

P. O. Address R. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.