

1939 MAY 10

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13916
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002 Registered No. 1570
 (c) City Kansas City (d) Street No. St. Marys Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Howard Rose Warren
 (a) Residence, No. 446 W 5-6 st St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Warren
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6th 1874
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 64 8 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Treas Sheffield
 9. Industry or business in which work was done, as saw mill, bank, etc. St. L. Co.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Almira New York

FATHER 13. NAME Charles Warren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Amelia Wash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs Ethel Warren 446 W 5-6 st.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4/21 1939

19. FUNERAL DIRECTOR (ADDRESS) Stine-McClure Kansas City, Mo

20. FILED Apr 20 1939 W. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19 1939

22. I HEREBY CERTIFY, That I attended deceased from April 18 1939, to April 19 1939
 I first saw him alive on April 19 1939 Death is said to have occurred on the date stated above, at 3 P m.
 The principal cause of death and related causes of importance, were as follows:

Ventricular Fibrillation & edema of lung
948

Date of onset

Other contributory causes of importance:
Coronary Atherosclerosis

Name of operation none Date of
 What test confirmed diagnosis autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. H. Owens M. D.
 (Address) Kans City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37 I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

P. 1711
Ricardo - 12/24/43

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)