

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

31890
 Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH

(a) County Buchanan 3 Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 934
 (c) City St. Joseph, Mo. (d) Street No. State Hospital for Insane No. 2 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. 2/ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Alonzo C. Warner
 (a) Residence, No. State Hospital # 2 St. Ludlow, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Warner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>4</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming

9. Industry or business in which work was done, as saw mill, bank, etc. farming

10. Date deceased last worked at this occupation (month and year) Sept. 1939

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. O

FATHER

13. NAME Louis Warner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yankin, Ind.

MOTHER

15. MAIDEN NAME Sarah Akertush

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Mrs. Effie Warner, Ludlow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Braymer, Mo. DATE Sept 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton-Bellevue, 319 So 10th St. Joplin

20. FILED 9/11 1939 St. Joseph, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 1939

22. I HEREBY CERTIFY that I attended deceased from Aug. 21 1939 to Sept. 11 1939
 I last saw him alive on Sept. 11 1939 Death is said to have occurred on the date stated above, at 2:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
myocardiosis

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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 _____
 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) T. F. Osbell M. D.
 (Address) St. Joseph, Mo.

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.

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

Sept. 11, 19

....., or by *✓*

Registered Apprentice No., working under my personal supervision.

Signed

W E Sumner

Licensed Embalmer No. *3007*

P. O. Address

3190 10th St. Wash. D.C.

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, above space should be left blank.