

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 61

## 1. PLACE OF DEATH:

- (a) County Bates  
 (b) City or town Butler  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 18 S. Delaware   
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days) Over 50 years

3. (a) PRINT FULL NAME Samuel Fletcher Warnock3. (b) If veteran, name war. no 3. (c) Social Security No. none4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mrs. Logge Warnock 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased June 15 1858  
(Month) (Day) (Year)8. AGE: Years 81 Months 5 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Columbia Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Banker

## 11. Industry or business

12. Name La Fayette Warnock13. Birthplace Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Lucinda Moore15. Birthplace Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Maria N. Geniet(b) Address St Louis Mo.17. (a) Burial (b) Date thereof Nov 29 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Hill Cemetery18. (a) Signature of funeral director Culver(b) Address Butler Mo. 5319. (a) Nov 29 1939 (b) Nena R. Culver  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Bates  
 (c) City or town Butler  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 18 S Delaware  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27  
year 1939 hour 8 minute 00 a. m.21. I hereby certify that I attended the deceased from now  
24th 89 to Nov 27th 1939  
that I last saw him alive on Nov 27 and that death occurred on the date and hour stated above. 1939

## Immediate cause of death

Broncho pneumonia  
secondary to fracture  
of hip Nov 23rd

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings  
Of operation fractured hip

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically22. If death was due to external causes, fill in the following: fractured hip(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence Nov 23 1939(c) Where did injury occur? In Butler Bates Mo  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In homeWhile at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury slipped & fell23. Signature W. L. Hine (M. D. or other) Med  
Address Butler Mo Date signed 12/3/39

DEC 15 1939

RECEIVED  
District Embalmer Office No. 7,  
District File Number 12-39-1741  
Date Filed 12-15-39

**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.....

Denton Case....., Registered Apprentice No. 163  
working under my personal supervision.

Signed Walter G. Culver.....

Licensed Embalmer No. 3069

P. O. Address Butter, Missouri

**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.**