

11 30

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

43621
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
(b) Township Bliss Prairie Primary Registration District No. 6-6-53B Registered No. 236
(c) City Hospital at Little Bliss Street No. _____ 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 0 yrs. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mr. Hallie Ernest Warnox

(a) Residence, No. Buckner Mo. (9 Mos.) 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1917

7. AGE YEARS 22 MONTHS 1 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Lone Jack (STATE OR COUNTRY) Mo

FATHER 13. NAME Wm. Warnox
14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mrs. Mattie Barker
16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

17. INFORMANT Mrs. Mattie B. Warnox (ADDRESS) Buckner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Cem. DATE Dec. 19, 39

19. FUNERAL DIRECTOR (NAME) V. M. Reppert (ADDRESS) Buckner Mo

20. FILED 12-19-1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/15/39, 19, to 12/17/39. I last saw him alive on 12/17/39, 19. Death is said to have occurred on the date stated above, at 10:30 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis 12/12/39 Date of onset
Regretted Peritonitis

Other contributory causes of importance: 12/1

Name of operation None Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

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? Home (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? _____
If so, specify _____ (Signed) W. D. [Signature], M. D.
(Address) St. Louis, Mo

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,

Samuel M. Reppert

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Samuel M. Reppert

Licensed Embalmer No.....

2321

P. O. Address.....

Buckner 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, above space should be left blank.