

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

11771
 Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 589
 (b) Township Beckwith Primary Registration District No. 4347
 or
 (c) City Jonesburg (d) 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elizabeth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Ohio

FATHER 13. NAME Peter Warner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Kasper
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mary Elizabeth Warner

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cemetery DATE Mar. 21, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carl A. Harding
Jonesburg Mo

20. FILED Mar. 21, 1940 Mary Lou Plinius
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1940, to Mar 19 1940
 I last saw him alive on March 4 1940. Death is said to have occurred on the date stated above, at 6:30 AM
 The principal cause of death and related causes of importance were as follows:

Mitral stenosis / decompensated heart failure
infirmitas of age

Other contributory causes of importance: 42W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) M. W. Alexander M.D.
887 (Address) Jonesburg

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

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.

APR 23 1940

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 Carl Harding, Registered Apprentice No. _____, working under my personal supervision.

Signed Carl Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg, 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.