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STANDARD CERTIFICATE OF DEATH

State File No. **32237**

Registration District No. **417**

Primary Registration District No. **4241**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carrollville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carrollville
(If outside city or town limits, write "RURAL")
(d) Street No. 115 - E. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24th
year 1940 hour 1 minutes 30 M.
21. I hereby certify that I attended the deceased from February 10
1940 to Sept 24, 1940
that I last saw W alive on 2nd of Sept, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Myocarditis
Due to Arthritis
Due to 92 W
Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3 (a) (1)

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature B. A. Dumphrey (M. D. or other) MD
Address Webb City, Mo Date signed 9/24

3. (a) PRINT FULL NAME

Jules W. Warner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George W. Warner 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Feb 9 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 15 If less than one day
hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Dr. Joseph M. Middleton

13. Birthplace Cherry Lash
(City, town, or county) (State or foreign country)

14. Maiden name Emily Harmon

15. Birthplace Prussia
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Warner

(b) Address Carrollville

17. (a) Burial (b) Date thereof Sept 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Webb City Undert

(b) Address Webb City, Mo

19. (a) Sept. 25-40 (b) J. W. Clark
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

40-10-423

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 *myself*

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

Signed *Clayton M. Johnston*

Licensed Embalmer No. *3,922*

P. O. Address *Webb City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.