

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34547**

Registrar's No. **4063**

NOV 12 1940
Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Vineyard Park Hospital,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 days**
(Specify whether
In this community **40 years,**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Kate Warner,**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married,**
6. (b) Name of husband or wife **George Warner,** 6. (c) Age of husband or wife if alive **83** years
7. Birth date of deceased **May 12, 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 **5** **10** hr. min.

9. Birthplace **Kentucky,**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home,** **9**

11. Industry or business **X** **9**

MOTHER FATHER { 12. Name **Charles Thomas,** **1**

13. Birthplace **Unknown,**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown,**

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

16. (a) Informant's own signature **George Warner,**

(b) Address **Drexel, Mo.**

17. (a) **Removal,** (b) Date thereof **10-22-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Drexel, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **10-22-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County
(c) City or town **Drexel,**
(If outside city or town limits, write "RURAL")
(d) Street No. **X**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **No.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October,** day **22nd**
year **1940,** hour **5:05** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct 9** to **Oct 22, 40**
that I last saw him alive on **Oct 21,** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis / **1 mo**
Cerebral Malacia / **1 mo**
Due to **Arteriosclerosis**
Due to **Chronic Nephritis** **2 yrs.**

Other conditions (Include pregnancy within 3 months of death) **131**

Major findings: Of operations **None** Of autopsy **None**
PHYSICIAN
Underline the cause to which death should be charged statistically

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?

(Specify type of place) (e) Means of injury
23. Signature **J. S. Sheldon** (M. D. or other)
Address **922 Walnut St. Mo.** Date signed **10-22-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1-118511

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

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.