

FILED APR 21 1941

Registration District No. 400

Primary Registration District No. 5652B

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jackson Missouri
(b) City or town Little Blue mo.
(c) Name of hospital or institution: Home for aged. 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 wks. (Specify whether years, months or days) 25 yrs.

8. (a) PRINT FULL NAME WARRICK Mr. Chas. J.

3. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced. 2

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased: 26-1865 (Day) (Year)

8. AGE: Years 80 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Boone Iowa (City, town or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Andrew Jackson Warrick

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

14. Maiden name Allen Warrick

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

16. (a) Informant Records Jackson's Home

(b) Address Little Blue mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/18/41 (Month) (Day) (Year)

(c) Place: burial or cremation Crematorium

18. (a) Signature of funeral director A. O. Anderson

(b) Address 255 Summit St.
19. (a) 3-18-41 (Date received local registrar) (b) Samuel A. Bond (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Kennett City Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 10 W. Main (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15 year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from June 1940 to March 15, 1941 that I last saw him alive on March 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct. Duration 6 yrs.
Due to _____
Due to _____

Other conditions Paratyphoid agitans + (Include pregnancy within months of death)
Chronic Syphilis

Major findings: Of operations _____
Of autopsy 30 H-

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?
937 W. Main (Specify type of place) (e) Mechanism of injury _____
23. Signature Samuel A. Bond (M.D. or other) _____
Address Little Blue Mo. Date received 3-15-41

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

MOTHER FATHER

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 *me*

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

Signed *W. Bradford*
Licensed Embalmer No. *3833*
P. O. Address *Ed. Sumner*

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.