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FILED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Children's Mercy Hospital 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 1/2 days
(Specify whether
In this community lifetime
years, months or days)

3. (a) PRINT FULL NAME Cates, WARREN GEORGE

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

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

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

7. Birth date of deceased May 22 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name James George Cates

13. Birthplace Centralia, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Alice Reinster

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

16. (a) Informant James Cates

(b) Address 8414 Woodland

17. (a) Burial (b) Date thereof 9 - -41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Quirk & Tolin Co.

(b) Address Kansas City, Mo.

19. (a) 9/11/41 (b) M. M. Crome
(Date received local registrar) ((Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 40
(c) City or town Kansas City, Missouri 3
(If outside city or town limits, write "RURAL")
(d) Street No. 8414 Woodland 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10
year 1941 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from August 16
1941 to September 10 1941;
that I last saw him alive on September 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Bronchial
Necrotization

Due to _____
Due to _____

Other conditions Tuberculosis
(Include pregnancy within 3 months of death)
TB

Major findings: Of operations _____

Of autopsy 101

Duration

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? _____

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

23. Signature C. C. Shimmer (M. D. or other) D
Address 2270 Loza Street Date signed 9/11/41

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

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 *Harold V. Perry*.....

Licensed Embalmer No. *40970*.....

P. O. Address.....

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, fact should be so stated above.