

FILLED NOV 13 1941

Registration District No. **290**

Primary Registration District No. **5545**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Iron**  
(b) City or town **Rural; Union**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2 miles North of Annapolis**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether  
In this community **75 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2 miles North of Annapolis**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **no**

3. (a) PRINT FULL NAME **Frederick Charles Warnecke**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Charity Warnecke** 6. (c) Age of husband or wife if alive **93** years

7. Birth date of deceased **November 4 1845**  
(Month) (Day) (Year)

8. AGE: Years **95** Months **10** Days **15** If less than one day  
hr. min.

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

10. Usual occupation **Farmer, retired**

11. Industry or business

12. Name **Frederick Warnecke**

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

14. Maiden name **Permelia Warnecke**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Walter Warnecke**

(b) Address **Annapolis Mo.**

17. (a) **burial** (b) Date thereof **9/21/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Annapolis Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **Ironton Mo.**

19. (a) **1941** (b) **B. C. Hunter**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19**  
year **41** hour **9** minute **A.M.**

21. I hereby certify that I attended the deceased from **September 7** 19**41** to **September 19** 19**41**  
that I last saw him alive on **September 19** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**

Due to **430**

Due to

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

Major findings:  
Of operations

Of autopsy

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 **[Signature]** (M. D. or other) **D.D.**

Address **Ironton, Mo.** Date signed **9-21-41**

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

4700

**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..... *Amel J. White* .....

Licensed Embalmer No. *3012* .....

P. O. Address..... *Clinton Ave* .....

**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.**