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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 2 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41125

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4586

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

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:
812 White
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 57 Years 1
years, months or days)

3. (a) PRINT FULL NAME FLOYD CALVIN WARNES
 3. (b) If veteran, name war No
 3. (c) Social Security No. 495-03-2401

4. Sex Male 0
 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Pearl
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Dec. 19, 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 4
 If less than one day hr. min.

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

10. Usual occupation Polish Maker

11. Industry or business Golden Star Polish Co,

MOTHER FATHER { 12. Name Lewis Warnes

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Smith

15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Warnes

(b) Address 812 White

17. (a) Burial (b) Date thereof 12/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery,

18. (a) Signature of funeral director C. H. BLACKMAN & SON,

(b) Address 2823 Indep. Blvd., K. C. Mo.

19. (a) 12/23/41 (b) M M Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 048
Kansas City
 (c) City or town _____
(If outside city or town limits, write "RURAL")
812 White
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 23
 year 1941 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12/23, 1941, to 12/23, 1941,
 that I last saw him alive on 12/23, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Duration 1 hr

Due to Chronic valvular Heart disease

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN [Signature]
 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? _____

23. Signature R. A. Williams (M. D. or other) [Signature]
 Address 5400 St. John Ave Date signed 12/24/41

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: *H. D. Blackman*

Licensed Embalmer No. *3639*

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, fact should be so stated above.