

JAN 14 1942 198

Registration District No. \_\_\_\_\_

Primary Registration District No. 3011

Registrar's No. 180

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community all of life years, months or days

3. (a) PRINT FULL NAME Joseph Jackson Warthman

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

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

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 25 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retail merchant

11. Industry or business \_\_\_\_\_

12. Name Joseph Warthman

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

14. Maiden name Mary Spore

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

16. (a) Informant Mrs. Martha Warthman

(b) Address Excelsior Springs, Mo

17. (a) Burial (b) Date thereof 12-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Clair Branch

(b) Address Excelsior Springs, Mo

19. (a) 12/11/41 (b) Mark McBricker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. Salem Road  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
year 1941 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

Due to Coroner

Due to Coroner

Other conditions Coroner  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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) Coronary thrombosis

(b) Date of occurrence 12-9-1941

(c) Where did injury occur? Salem Road Excelsior Springs, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at Home  
(Specify type of place) (e) Means of injury Coroner

23. Signature P. W. Prather (M. D. or other) \_\_\_\_\_  
Address Excelsior Springs Mo Date signed 12-12-41

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 1-13-42.....

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 Robert Ray  
Licensed Embalmer No. 4182  
P. O. Address Excelsior Springs, 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.