S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20479

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2605

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: St. Mary's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4022 Morrell 8
(If rural, give location) U
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: J. William Warren

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male O

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Neetie I.

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: June 30, 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 17 If less than one day hr. min.

9. Birthplace: Cole County (City, town, or county) Mo (State or foreign country) O

10. Usual occupation: Retired Yard Foreman

11. Industry or business: Kansas City, Southern R.R.

FATHER
12. Name: John Warren
13. Birthplace: Kent County, England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Barbara Brown
15. Birthplace: Hamburg, Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. E.E. Todd
(b) Address: California, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: McGirk, Mo

18. (a) Signature of funeral director: C.H. Blackman & Son, Inc.
(b) Address: 2825 Indep. Blvd.

19. (a) 7-7-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 27 1942 to July 7 1942 that I last saw him alive on July 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration 6/24/42

Due to: Coronary Senile Sclerosis 94 a

Due to:

Other conditions (Include pregnancy within 3 months of death): Acute embolic occlusion Rt. femoral artery — 7/3/42

Major findings: Of operations: none

Of autopsy: Request refused

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? (Specify type of place)
While at work (e) Means of injury O

23. Signature: C. Vincent M.D. (M. D. or other)
Address: 800 Argyle Bldg. Date signed 7/9/42

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 6 1942

DEC 16 1947

Angyle Bldg

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.