

FILED DEC 7 1942

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1101 1/2 E 8th /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **19 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **K Jackson**
(c) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **1101 1/2 E 8th**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Homer Guy Warren**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **494-12-2665**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Warren** 6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **July 21 1892**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 **3** **25** **24** hr. min.

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

10. Usual occupation **Grocerman**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Emma Warren**
(b) Address **1101 1/2 E 8th**

17. (a) **Burial** (b) Date thereof **Nov 18/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Rose & Henderson**

(b) Address **Kansas City Mo**

19. (a) **11-17-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **15** 1942
year..... hour..... minute **11/55 PM**

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19..... to 19.....
that I last saw **Deputy Coroner** alive on 19.....
and that death occurred on the date and hour stated above
Immediate cause of death **Coronary Sclerosis with myo cardial fibrosis** Duration

Due to **94a**

Due to

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

Major findings:
Of operations

Of autopsy **Above**

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) (Means of injury)

23. Signature **D. E. Upsher M.D.** (M. D. or other)
Address **23rd Mc Coy** Date signed **11/16/42**

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

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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

G. E. Henderson

Licensed Embalmer No.

3657

P. O. Address

156 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.