

REGISTRATION DISTRICT NO. **149**

PRIMARY REGISTRATION DISTRICT NO. **1002**

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: **Conley Clinical Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 hr. 45 min**
(Specify whether years, months or days)

In this community **1 hr 45 min**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **4129 Penn**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Infant Warriner**

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 **Single**

6. (b) Name of husband or wife

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

7. Birth date of deceased **June 12 1943**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			1 hr. 45 min.

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

10. Usual occupation **infant**

11. Industry or business

MOTHER FATHER { 12. Name **Harry B. Warriner**

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

14. Maiden name **Helen Saunders**

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

16. (a) Informant **Harry B. Warriner**

(b) Address **4129 Penn**

17. (a) **Burial** (b) Date thereof **6/14/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd street**

19. (a) **6-14-43** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**
year **1943** hour **8** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **June 12 1943** to **June 12 1943**
that I last saw him alive on **June 12 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature multiple birth**

Due to **Fetus non-viable**

Due to **159**

Other conditions **159**
(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 **Edna M. Bangs** (M. D. or other) **DO**

Address **2912 E. 40th** Date signed **6-13-43**

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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address 6 e 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.