

FILED DEC 22 1943

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 5065

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:  
3911 South Benton Blvd. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXXX  
(Specify whether years, months or days) 5 weeks

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clinton 25  
(c) City or town Cameron, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ---  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME James Woner  
(b) If veteran, name war no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC day 1  
year 1943 hour 3 minute 5 A.M.

4. Sex M 5. Color or Race White  
6. (a) Single, widowed, married, divorced, Widowed  
(b) Name of husband or wife Molly Woner Dead  
(c) Age of husband or wife if alive years  
7. Birth date of deceased JAN. 12 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15 -  
1943, to Dec 1 -, 1943;  
that I last saw him alive on Dec 1 -, 1943;  
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 10 Days 19  
If less than one day --- hr. --- min.

Immediate cause of death Polar Pneumonia  
Due to Coronary Heart Disease  
Due to Senile

9. Birthplace LANCASTER Ky 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer Retired.

Other conditions (Include pregnancy within 3 months of death) ---  
Major findings: Of operations ---  
Of autopsy ---

MOTHER FATHER  
11. Industry or business ---  
12. Name J. W. WONER  
13. Birthplace unknown Ky 1  
(City, town, or county) (State or foreign country)  
14. Maiden name SALLIE BLAND  
15. Birthplace unknown Ky 1  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Marguerite Wise  
(b) Address 3911 Benton, Kansas City, Mo.  
17. (a) Removal By Aut. (b) Date thereof 12-1-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cameron, Mo.  
18. (a) Signature of funeral director ---  
(b) Address Cameron, Mo.  
19. (a) 12-1-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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 Estey atb. (M. D. or other)  
Address 3850 Hospital Date signed 12-1-43

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 *O. Moore*

Licensed Embalmer No. 1180

P. O. Address Cameron, 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.**