

No. 2
8-43
17-39
X37823

FILED MAY 18 1944
Registration District No. **1244**

Primary Registration District No. **3053**

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

1. PLACE OF DEATH:

(a) County **Phelps**
(b) City or town **Rolla**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McFarland Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 Minutes**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Maries**
(c) City or town **Vichy**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jacob Moses Warner**

3. (b) If veteran, name war **World War No. 1** No. _____
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lula Warner** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 21, 1890**
(Month) (Day) (Year)

8. AGE: Years **53** Months **4** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Marshall County, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer-Laborer**

11. Industry or business _____

12. Name **Andrew A. Warner**

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

14. Maiden name **Mary Margaret Abair,**

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

16. (a) Informant **Mrs. Lula Warner**

(b) Address **Vichy Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-29-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Wentzel Cemetery**

18. (a) Signature of funeral director **Null & Son Funeral Home**

(b) Address **508 West 8th St., Rolla Mo.,**

19. (c) **April 27-1944** (Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
year **1944** hour **7** minute **30** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw **him dead** **April 26, 1944**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Broken Back, crushed chest and internal injuries** Duration _____

Due to **Automobile accident**

Due to **collision with Bus.**

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

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 081**
(b) Date of occurrence **April 26, 1944**
(c) Where did injury occur? **Hiway "66" City of Rolla**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U. S. Highway 66
While at work? **On way** (Specify type of place) (e) Means of injury **see above**

23. Signature **P. S. [Signature]** (Physician's name)
Address **Rolla Mo 47-5/1944** Date signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

MAR 27 1945

MAY 17 1946

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.

MAY 10 1946

Signed.....

S. B. Myers

..... Licensed Embalmer No.

3397

..... P. O. Address.....

Rolla, Mo

MAY 11 1946

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.