

FILED JUL 8 1944  
749  
Registration District No. ....

Primary Registration District No. .... 1002

Registrar's No. .... 2701

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether  
In this community 6 weeks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47  
(c) City or town Kansas City 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5331 Highland 1  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME ADOLPH J. WARREN Waura

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 1877 years

7. Birth date of deceased June 3 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 0 24 hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Adolph Warren

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

14. Maiden name No Record

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

16. (a) Informant Elizabeth Warren

(b) Address Atchison, Kansas

17. (a) Removal (b) Date thereof 6/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Frank & John

(b) Address 20 W. Linwood - - K.C., Mo.

19. (a) 6-28-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5/26  
1944 to 6/27 1944  
that I last saw him alive on 6/25 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Coronary Thrombosis 2 da

Due to Arterio sclerosis yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 John T. Skinner (M. D. or other)

Address 1462 Bryant Bldg. Date signed

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

2  
12  
39  
32873

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**



# McAdow-Wolfe Insurance Service

#  
20928-44

W. N. ACHENBACH, MANAGER  
WESTERN DEPARTMENT  
10 N. MICHIGAN AVE., CHICAGO, ILL.

*Death Record* 112 NORTH FIFTH STREET  
Atchison, Kansas  
File 2701-44 July, 17, 1944.

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that my father's correct name was Adolph Wowra instead of Adolph Warren.

*Elizabeth (Warren) Wowra.*  
Elizabeth Warren

Atchison County,  
State of Kansas SS:

Subscribed and sworn to by Elizabeth Warren this 17th. day of July, 1944.

*Ethel McAdow*  
Ethel McAdow, Notary Public

My commission expires March, 1, 1947.

1951

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