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FILED JUL 12 1944

Primary Registration District No. 4134

Registrar's No. 70

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

1. PLACE OF DEATH:

(a) County **CLAY**

(b) City or town **SMITHVILLE, MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
SMITHVILLE COMMUNITY HOSPITAL
(If not in hospital or institution, write street number or location) **0**

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **LIFETIME**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.**

(b) County **CLAY 24**

(c) City or town **SMITHVILLE 0**
(If outside city or town limits, write "RURAL") **0**

(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 **JOHN MURRY WARREN**

3. (b) If veteran, name war _____

3. (c) Social Security No. **492-14-6128**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **19** year **1944** hour **8:30** minute **p.** M.

4. Sex **MALE 0**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **HATTIE STEPHENSON WARREN**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **AUG 1, 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 10, 1944** to **June 19, 1944** that I last saw him alive on **June 19, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years **65** Months **10** Days **18** If less than one day _____ hr. _____ min.

Pericardial Anemia

Due to _____

Due to _____

9. Birthplace **CLAY COUNTY MO. 0**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **CARPENTER**

Major findings: _____
Of operations _____

11. Industry or business **GENERAL-- LOCAL**

Of autopsy _____

12. Name **ROBERT H. WARREN**

13. Birthplace **COFFEYVILLE, KAN. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **CAROLINE RUCKETT**

15. Birthplace **INDIANA 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. JOHN M. WARREN**

(b) Address **SMITHVILLE, MO.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **6/21/44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Goss Cem. Clay Co. Mo.**

18. (a) Signature of funeral director *McComas Funeral Home*

(b) Address *Smithville, Mo.*

19. (a) *June 26-1944* (Date received local registrar) (b) *Paul W. Henry* (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

730

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? _____

23. Signature *[Signature]* (M. D. or other) *[Signature]*

Address *Smithville, Mo.* Date signed *6.21.44*

926

RECEIVED

District Health Officer No. 8,

License File Number

Date Filed

2-11-44

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..... *S. A. McDouglas*

Licensed Embalmer No. *2303*

P. O. Address..... *Smithville, 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.