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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33778

Registration District No. 42

Primary Registration District No. 5486 (5134)

Registrar's No. 1009

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph Washington Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R. R. # 3 Ashland Ave. & Karns Rd.  
 (If not in hospital or institution, write street number or location)  
 (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 Missouri (b) County Buchanan !!  
 (c) City or town St. Joseph (Rural)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.R. # 3, Ashland Ave. & Karns  
 (If rural, give location) Rd.  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Elizabeth Warner

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female | 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 21 1854  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 3 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Warner 11  
 { 13. Birthplace Unknown Germany 7  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Balbina Rester  
 { 15. Birthplace Baden Germany 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Warner  
 (b) Address Rural Route # 3

17. (a) Burial (b) Date thereof Oct. 2, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sedufaden  
 (b) Address 1802 Union St. St. Joseph, Mo.  
 19. (a) 10-2-44 (b) Helen J. Pickett  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29  
 year 1944 hour 7 minute 15 P.M.  
 21. I hereby certify that I viewed the deceased from on  
Sept. 30th, 1944, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Carditis 1 year  
General Arterio Sclerosis 5 yrs  
 Due to Woman died suddenly at  
her home, suffering  
with Chronic myo Carditis  
and general arterio  
sclerosis.  
 Other conditions (Include pregnancy (than 3 months of death) \_\_\_\_\_  
 Major findings \_\_\_\_\_  
 Of operation \_\_\_\_\_  
 Of autopsy no

Duration  
 1 year  
 5 yrs  
 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?  
 \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature H. F. Mundy (Coroner)  
 Address 404 So 3d St Date signed 9/30/44

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

**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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address. St Joseph 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.**