

S. No. 2
DM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37662**

FILED DEC 6 1945

Registration District No. **155** Primary Registration District No. **5580** Registrar's No. **107**

1. PLACE OF DEATH:

(a) County Jaeger

(b) City or town Butt Junction
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
TWIN GROVER TWP. RURAL.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jaeger

(c) City or town Butt Junction
(If outside city or town limits, write "RURAL")

(d) Street No. Rt 10 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Walter D. Warley

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 24
year 1945 hour 12:20 minute 0 M.

21. I hereby certify that I attended the deceased from his last saw him alive on 11/24/45 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of hair White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maudie L. Warley 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sept 24 1885
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to Occlusion

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>2</u>	<u>0</u>	hr. min.

Due to Coronary Occlusion

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Brick Mason

Major findings:
Of operations 940 Coronary investigation

Of autopsy 940 Coronary investigation

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

MOTHER FATHER

11. Industry or business Brick Mason

12. Name John D. Warley

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

14. Maiden name Unknown

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

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?

16. (a) Informant Mrs Maudie L. Warley

(b) Address #1 Butt Junction

17. (a) Buried (b) Date thereof Nov 29 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Walt City and Co

(b) Address Walt City and Co

19. (a) 11-26-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

Address 3114 Joplin Date signed 11/25/45

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.