

FILED JUN 10 1946

Registration District No. **197** Primary Registration District No. **1002**

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. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
 In this community 39 years

3. (a) PRINT FULL NAME Mr. Claud W. Warner
 3. (b) If veteran, name war no
 3. (c) Social Security No. 202-03-6486

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mrs. Salena Warner
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased July 31 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 29
 If less than one day hr. min.

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

10. Usual occupation R.R. Conductor Retired

11. Industry or business Frisco

MOTHER FATHER

12. Name George Warner
 13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Clara Bauows
 15. Birthplace Crown Point Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elfreda L. Warner
 (b) Address 4330 Bell Street

17. (a) Removal (b) Date thereof 6-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wamego, Kans

18. (a) Signature of funeral director Gates Funeral Home
 (b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 5-31-46 (b) Gerardine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 4330 Bell Street
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1946 hour 11 minute 35 PM
 21. I hereby certify that I attended the deceased from May 27 to May 30, 1946
 that I last saw him alive on May 30 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis
 Due to Strangulated Intestine
 Due to Post Operative Adhesions for appendicitis yrs ago
 Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operation above
 Of autopsy above

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)
 Means of injury _____
 23. Signature Gerardine Holmes (M. D. or other) MD
 Address 4040 Baltimore Date signed 30 May 46

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

15787

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.....

L. R. Blanford
.....
Licensed Embalmer No..... *5215*

P. O. Address..... *311 + State Line*

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.