

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20573

FILED JUN 25 1946

State File No. _____
Registrar's No. 2605

Registration District No. 149 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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 30 yrs.
years, months or days)

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. 1504 E. 23rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rannie (Reed) Warren
3. (b) If veteran, name war No 3. (c) Social Security No. 510 No 5 821

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11, year 1946 hour 10:45 minute 45 A. M.
21. I hereby certify that I attended the deceased from June 10, 1946 to June 11, 1946, that I last saw her er alive on June 11, 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Warren 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October 6, 1879
(Month) (Day) (Year)

Immediate cause of death Hypertensive Heart disease with Decompensation
Due to _____
Due to _____

8. AGE: Years 66 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

Of conditions abdominal Tumor; Phlegnesia
(include pregnancy within 3 months of death) Alba Dolus (rt. leg)
PHYSICIAN _____

10. Usual occupation Housewife
11. Industry or business _____
12. Name Henry Williams
13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Delia Jordan
15. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 932

16. (a) Informant Medical Records Librarian
(b) Address General Hospital No. 2
17. (a) Burial (b) Date thereof 6/14/46
(If burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Lyonsburg, Ky.
18. (a) Signature of funeral director Geraldine Holmes
(b) Address 729 Lyonsburg Ave. R. C. No. 6-12-46
19. (a) 6-12-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Geraldine Holmes (M. D. or other) _____
Address General Hospital No. 2 Date signed 6/13/46

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..... *J Jerome Marlowe*
Licensed Embalmer No..... *3994*
P. O. Address..... *2503 Highland*

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.