

No. 2  
-12-45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37309

FILED DEC 12 1946

State File No. \_\_\_\_\_

Registration District No. 146

Primary Registration District No. 5-5-6-83 026

Registrar's No. 383

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
1700 Harvard, Independence, Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CARVER C. WARNER

3. (b) If veteran, name war. No

3. (c) Social Security No. 486-05-6240

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Edna M. Warner

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February 11 1978  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 0

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sunderland Massachusetts  
(City, town, or county) (State or foreign country)

10. Usual occupation Freight Forwarder

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

MOTHER FATHER { 12. Name Wallace Warner ?

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

14. Maiden name Katharine Russell ?

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

16. (a) Informant Mrs. Edna M. Warner

(b) Address 1700 Harvard, Independence, Mo.

17. (a) Burial (b) Date thereof 11-13-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Mariner

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 2nd, St. Kansas City, Mo.

19. (a) 11-16-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 1700 Harvard  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th.  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1935 to Nov 11 46

that I last saw him alive on Nov 11 46 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions ✓  
(include pregnancy within 3 months of death)

Major findings: 940

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Professional Bldg Date signed 11/11/46

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

36128

254

DEC 30 1948

DEC 12 1948

811-1051/122

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 Elmer C. Weddler

Licensed Embalmer No. 3490-

P. O. Address N. C. 710.

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.