

S. No. 2
M-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38583**

FILED NOV 25 1947

Registration District No. **148**

Primary Registration District No. **4238**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Buckner**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **39 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mamie Warnex**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **wh.** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 10, 1908**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 7 25 hr. min.

9. Birthplace **Atherton, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home work only in**

11. Industry or business **her mother's home**

12. Name **John William Warnex**

13. Birthplace **Wellington, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mattie Barker**

15. Birthplace **Odessa, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nellie May Warnex**

(b) Address **Buckner, Missouri**

17. (a) **burial** (b) Date thereof **10/7/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Buckner Cemetery**

18. (a) Signature of funeral director **W. H. Reppert**

(b) Address **Buckner, Missouri**

19. (a) **Oct. 5, 1947** (b) **W. H. Reppert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Buckner**
(If outside city or town limits, write "RURAL")
(d) Street No. **none**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **5**
year **1947** hour **5:00** minute **p.m.** M.

21. I hereby certify that I attended the deceased from **Jan 1, 1944** 19____ to **Oct. 4, 1947**
that I last saw her alive on **Oct. 5, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **carcinoma of appendix and ovaries**

Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **H99**
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? **2**

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **L. W. Higgins** (M.D. or other) **D.O.**
Address **Buckner, Missouri** Date signed **10/5/47**

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, ^{and} ~~or~~ by.....
Ralph O. Jones....., Registered Apprentice No. *61*
working under my personal supervision.

Signed..... *Hazel H. Reppert*.....
Licensed Embalmer No. *4312*
P. O. Address. *Buckner, Missouri*

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.