

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

FILED MAR 1 1948

Registration District No. 167 Primary Registration District No. 4254 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
Springton at #131
(If not in hospital or institution, write street number or location)

(d) Length of stay: none
In this community 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson ⁵¹

(c) City or town Holden ¹
(If outside city or town limits, write "RURAL")

(d) Street No. Springton at #131 ⁰
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) ⁰
If yes, name country ✓

3. (a) PRINT FULL NAME IDA MAE WARNER

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

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Geo W. Warner 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 9 1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1948 hour 4:20 minute P M.

21. I hereby certify that I attended the deceased from Jan 20, 1948 to Feb 3, 1948
that I last saw h. alive on Feb 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular fibrillation

Due to.....

Due to.....

Other conditions Cardiac Decompensation
(Include pregnancy within 3 months of death)

Major findings: 95C

Of operations.....

Of autopsy.....

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

8. AGE: Years Months Days If less than one day
62 10 24 hr. min.

9. Birthplace Douglas Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at Home

MOTHER FATHER { 12. Name unknown 9

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

{ 14. Maiden name "

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

16. (a) Informant Geo W. Warner

(b) Address Holden Mo

17. (a) Burial (b) Date thereof Feb 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. H. Cemetery

18. (a) Signature of funeral director Conrad F. Rapp

(b) Address Holden Mo

19. (a) Feb 24 1948 (b) Mrs. H. O. Redford
(Date received local registrar) (Registrar's signature)

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? ✓

(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Kelly Drawlms (M. D. or other) 0

Address Holden Mo Date signed 2/6/48

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 Samuel B Ropp

Licensed Embalmer No. 4044

P. O. Address Holden, 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.