

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8959  
Registrar's No. 1260

FILED MAR 27 1948  
Registration District No. 149

Primary Registration District No. 1002

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

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:  
1628 Spruce Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community All His Life (Specify whether 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. 1628 Spruce Avenue  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Clarence Warner

3. (b) If veteran, name war no 3. (c) Social Security No. 482-09-5173

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, Widowed

6. (b) Name of husband or wife Selma Warner 6. (c) Age of husband or wife if alive 20 years (Day) (Year)

7. Birth date of deceased July 20 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>7</u>	<u>29</u>	hr. min.

9. Birthplace Harlam, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business Same

12. Name William Ralph Warner

13. Birthplace Indianapolis Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Lutecie Dawson

15. Birthplace Tilton N. H.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Warner

(b) Address 1628 Spruce, Kansas City, Mo.

17. (a) Removal (b) Date thereof 3-19-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address 832 Armour Road, N.K.C. Mo.

19. (a) 3-20-48 (b) Staldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19 year 1948 hour 2 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration \_\_\_\_\_

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

Other conditions (Include emergency within months of death) Deputy Coroner

Major findings Of operations \_\_\_\_\_

Of autopsy History 93-2 **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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature A. E. Upsher (M. D. or other) ms  
Address 2800 Main Date signed 3/19/48

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**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

*John B. Cooper*

Licensed Embalmer No.

*2955*

P. O. Address

*N. C. Ind.*

**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.**