

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1948

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9285
Registrar's No. 20

Registration District No. 283

Primary Registration District No. 5655

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sterling Leroy Warner
3. (b) If veteran, name war No
3. (c) Social Security No. 500-07-8585

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 12 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 0 22 hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Roy Warner
12. Name _____
13. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Opal Groves
15. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof Jan 8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Mo.

18. (a) Signature of funeral director H.A. Smith
(b) Address Mt. Vernon, Mo.

19. (a) 2/17/48 (b) Dr. Philbrick
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 5th
year 1948 hour 5:10 minute A M.

21. I hereby certify that I attended the deceased from Jan 2, 1948, to Jan 5, 1948;
that I last saw him alive on Jan 5, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Massive terminal pulmonary hemorrhage
Due to Far Advanced Pulmonary Tuberculosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

Few Minutes
Probably over 1 year

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____
23. Signature C.A. Orsaker (Registrar)
Address Mount Vernon, Missouri Date signed 1-5-48

RECEIVED

District Health Officer No. **8,**

District File Number **348-359**

Date Filed **MAR 31 1948**

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.....

..... *By me*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Max J. Smith*

Licensed Embalmer No. *4252*

P. O. Address *M. Vernon, 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.