

No. 300
-10-47
-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30009
Registrar's No. 3845

FILED OCT 1 1948
Registration District No. 1948/9

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: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9/17-9/18/48
(Specify whether years, months or days) In this community About 3 years

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. 2514 Agnes
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Barbara Jean Warren
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 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 July 7, 1941
(Month) (Day) (Year)

8. AGE: Years 7 Months 2 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Batesville Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Willie J. Warren

13. Birthplace Batesville Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Ever Lee Cole

15. Birthplace Batesville Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Willie J. Warren

(b) Address 2514 Agnes

17. (a) Removal (b) Date thereof 9/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Batesville, Miss.

18. (a) Signature of funeral director. E. Sterling Bell

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 9-10-48 (b) Gerald Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1948 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9-17-48 to 9-18-48, 1948
that I last saw her alive on 9-18-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death of trauma
injury on foot
Due to _____
Due to _____

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

Major findings: Refused
Of operations _____
Of autopsy _____

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) Fracture of foot

(b) Date of occurrence 2 weeks previous 12-1-47

(c) Where did injury occur? Kansas City, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home

While at work? no (Specify type of place) (c) Means of injury glass cut

23. Signature H. J. Charles (M. D. or other) MO
Address 134 Rialto Date signed 9-20-48

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.....

E. Stuhling Bills

Licensed Embalmer No. 3178.....

P. O. Address. 1212 Vine St., Kansas City, 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.