

X37823

Registration District No. 2324

Primary Registration District No. 6993

Registrar's No. 246

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution: Marshall Hosp
(d) Length of stay: In hospital or institution 21 years
In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(d) Street No. 500 North Benton
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

John William Warming
3. (b) If veteran, name war
3. (c) Social Security No. 487-087216

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1948 hour 11 minute 40 a.m.

21. I hereby certify that I attended the deceased from investigated Nov 28 - 1948 that I last saw alive and that death occurred on the date and hour stated above.

4. Sex male 5. Color of hair white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frankie Warming 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August 13 - 1898

Immediate cause of death gun shot wound in right breast
Due to accidental

8. AGE: Years 50 Months 3 Days 15 If less than one day 2 hr. 15 min.

Due to gun shot wound
Other conditions none

9. Birthplace near Miami, Ind Co Mo
10. Usual occupation International Shoe Co
11. Industry or business employee
12. Name Pete Warming
13. Birthplace near Miami, Mo
14. Maiden name Black
15. Birthplace near Miami, Mo

Major findings: Of operations 184/15
Of autopsy no

16. (a) Informant Mrs W Warming
(b) Address 500 N Benton, Marshall Mo
17. (a) Bethel Smith (b) Date thereof 11-30-48
(c) Place: burial or cremation Bethel
18. (a) Signature of general director James Sage
(b) Address State
19. (a) Nov 30 - 1948 (b) Sidney F. Gray

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 97
(b) Date of occurrence Nov 28, 1948, 11:40 a.m.
(c) Where did injury occur? School Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? while hunting on land
While at work? no (e) Means of injury Saline Co
23. Signature W. H. Taylor, Coroner (M. D. or other)
Address Marshall Mo Date signed 11-28-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-13-48

DEC 14 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

Richard V. Hammond

Registered Apprentice No.

103

working under my personal supervision.

Signed

James E. Jones

Licensed Embalmer No.

3143

P. O. Address

Slater M

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.