S. No. 300
V. 10.48

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

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20534

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2838

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 1409 Garfield Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): WARREN

4. DATE OF DEATH (Month): JUNE (Day): 23 (Year): 1950

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: OCTOBER 4 1875
9. AGE (In years last birthday): 74 | If under 1 year: Months: Days: | If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BEEBE, ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: BILL WARREN
13b. MOTHER'S MAIDEN NAME: MARIA PERKINS
14. NAME OF HUSBAND OR WIFE: Katherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 703-03-9148
17. INFORMANT'S SIGNATURE OR NAME: BESSIE MACK **ADDRESS**: 1409 Garfield

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIORESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) UREMIA (CLINICAL)
DUE TO (c) HYPERTENSIVE & ARTERIOSCLEROTIC HEART DISEASE

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* GENERALIZED ARTERIOSCLEROSIS — 42 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a. m. p. m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-31, 19 50, *to* 6-23-, 19 50, *that I last saw the deceased alive on* 6-23, 19 50, *and that death occurred at* 4:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. Frank Ellis MD (Degree or title)
23b. ADDRESS: 600 East 22nd Street
23c. DATE SIGNED: 6-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-27-50
24c. NAME OF CEMETERY OR CREMATORY: Forest Park
24d. LOCATION (City, town, or county) (State): K.C. Mo

DATE REC'D BY LOCAL REG.: 6-27-50
REGISTRAR'S SIGNATURE: Geraldine Holman
25. FUNERAL DIRECTOR'S SIGNATURE: E. Sterling Billo
ADDRESS: 1212 Vine

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed E. Sterling Bell

Signed.....
Student Embalmer

Licensed Embalmer No. 5178

P. O. Address 12 12 Irving St

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.