

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24715

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3365

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>11 Years</b>		d. STREET ADDRESS (If rural, give location) <b>3001 East 7th. Street 3188</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Simpson Nursing Home</b>		2838 Benton Blvd.	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>*Martha</b>	b. (Middle) <b>Mattie</b>	c. (Last) <b>Warnock</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-26-1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>3-12-1878</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fitter-Satyform-Foundaion</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>1110 Main St. Kansas City Mo.</b>	11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wesley Warnock</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Milner</b>	14. NAME OF HUSBAND OR WIFE <b>***</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>416-05-7121</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edith Schoenbeck</b>	ADDRESS <b>609-E-9th. Street</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>1947</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Thyroid</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastases to 2nd Lumbar Mediastinum</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-7-52**, 19**52**, to **July 25**, 19**52**, that I last saw the deceased alive on **July 25**, 19**52**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Helen M. Vaughn, D.O.</b>	23b. ADDRESS <b>678 Bryant Blvd. KCMo.</b>	23c. DATE SIGNED <b>7/26/52</b>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <b>Burial</b>	24b. DATE <b>7-28-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-27-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C.L. Forster</b>	ADDRESS <b>Kansas City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Dean Owens

Licensed Embalmer No. 4280

P. O. Address K.C., 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 24715  
Local Registrar's No. 3365

State of Missouri }  
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9<sup>th</sup> day of September 1952, before me appears

Mrs. Edith Schoenbeck, who, upon her oath, states that the original record of ~~birth~~ death  
for Martha Miller Warnock, died July 26th, 1952, in the State of  
Missouri, and which was filed at Kansas City, Mo. on July 26-, 1952, should be corrected as follows:

Item No. 3 should read Mattie Miller Warnock

Instead of Martha Miller Warnock

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Edith Schoenbeck Sister  
Relationship.

609 East 9th st. Kansas City Missouri  
Present Address.

Subscribed and sworn to before me this 9<sup>th</sup> day of September, 1952

My Commission expires June 26, 1954 Theodore A. Redman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1952

S-24715