

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32997

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kan Primary Registration District No. _____
City Kansas City (No. 5800 Brookside)

File No. _____
Registered No. 3920 (Ward) _____

2. FULL NAME George O. Warnke

(a) Residence, No. 5800 Brookside St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily W. Warnke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME John G. Warnke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Willina Kumpf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Emily Warnke
(ADDRESS) 5800 Brookside

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem DATE Oct 7, 1933

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 203 W. Linwood

20. FILED 10/5 33 M.M. Cora
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 33 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-30-, 1933 to 10-4, 1933

I last saw him alive on 10-4-33 1933 Death is said to have occurred on the date stated above, at 8:30 P.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Chronic Myocarditis
Arterio-sclerosis
Date of onset 10-4-33
Other contributory causes of importance: 5-10-33

Name of operation _____ Date of _____
What test confirmed diagnosis Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. J. Dorsy M. P.
(Address) 203 W. Linwood Wagner Funeral Home

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

Dr. D. D. D.

V. 0860

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