

REC'D MAY 17 1938

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

14031

Do not use this space.

392

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St Joseph Primary Registration District No. 101
(c) City St Joseph (d) Street No. St Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME) ANDREW - J. - WARNER 656

(a) Residence, No. R.F.D. #7 St Joseph St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED—
HUSBAND OF Warner
(or) WIFE OF Amy R. Graves

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 1865

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) Fall + Winter 1937 11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.13. NAME John Warner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Adeline Blaukenship16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Ky17. INFORMANT (ADDRESS) Bert Warner R.F.D. #218. BURIAL, CREMATION, OR REMOVAL PLACE Green Cem. DATE Apr. 8 3819. FUNERAL DIRECTOR (ADDRESS) St. James Funeral Home St Joseph Mo20. FILED 4/7 38 J. M. Littleback Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6 193822. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937 to Apr. 6 1938.I last saw him alive on Apr. 4 1938. Death is said to have occurred on the date stated above, at 3 A.M.

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

Mitral regurgitation
of heart valves
probably resulting
in Mitral Stenosis
Date of onset Aug. 37

Other contributory causes of importance: 92%Name of operation Date of
What test confirmed diagnosis Relin. 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 injury24. Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) L. S. Pevor M. D.
85 (Address) Amagonia Mo.

1 X1280
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.

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STATEMENT BY LICENSED EMBALMER

I, John Roy Stamey, Licensed Embalmer No. 2435
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Roy Stamey
L. E.
No. 2435 and John H. Hurley, Registered Apprentice No. 96
working under my personal supervision.
Signed John Roy Stamey
Licensed Embalmer No. 2435

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.)