

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

26078
 Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH
 (a) County Nodaway Registration District No. 629
 (b) Township Jackson Primary Registration District No. 58.31 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Wm. K. Warehime 650
 (a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Warehime

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>68</u>	<u>5</u>	<u>14</u>	

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Nodaway County
 (STATE OR COUNTRY) Mo.

13. NAME Geo. Warehime

14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

15. MAIDEN NAME Louisa Catharine Knight

16. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Edith Warehime,
 (ADDRESS) Ravenwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ravenwood, Mo. DATE July 23 19 38

19. FUNERAL DIRECTOR Price Funeral Home
 (ADDRESS) Maryville Mo

20. FILED July 27, 1938 Grace Buholt
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 19 38

22. I HEREBY CERTIFY, That I attended deceased from May 10 1934 to July 21 1938
 I last saw him alive on July 18 1938. Death is said to have occurred on the date stated above, at 1 p m.

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

Sunstroke
Myocarditis Acute

Date of onset July 21

Other contributory causes of importance: 191
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Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) J. M. Bayler, M. D.

(Address) 560 Carception street

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 W. Price, Licensed Embalmer No. 3229,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed John W. Price
Licensed Embalmer No. 3229

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.)