

REC'D MAR 17 1939

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

7108  
Do not use this space.

1. PLACE OF DEATH

(a) County McDonald Registration District No. 578  
(b) Township Anderson Primary Registration District No. 5688 Registered No. ....  
(c) City Anderson, Mo. R. 1 (d) Street No. .... St. ....  
(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

(a) Residence, No. 654 Cynthia Warnell St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 W.S. Warnell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1899  
7. AGE YEARS 59 MONTHS 5 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
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.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 1938  
22. I HEREBY CERTIFY, That I attended deceased from 12-4 1938 to 12-7 1938  
I last saw her alive on 12-5 1938. Death is said to have occurred on the date stated above, at 10-20 PM  
The principal cause of death and related causes of importance were as follows:

Apoplexy  
Diabetes Mellitus  
Arteriosclerotic Heart Disease  
Other contributory causes of importance:  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
13. NAME Mr. Stinson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
15. MAIDEN NAME Miss Burkhart  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
17. INFORMANT (ADDRESS) W.S. Warnell Anderson, Mo. R. 1.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Cummings Hill, Dec. 9, 1938  
19. FUNERAL DIRECTOR (ADDRESS) W. B. Buzzard, Seneca, Mo.  
20. FILED 3-5 1939 Ans. Lee Hatcher Local Registrar.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....  
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? .....  
If so, specify Apoplexy  
(Signed) R. W. Warnack, M.D. M. D.  
(Address) Southwest City, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-533

Date Filed MAR 8 1939

STATEMENT BY LICENSED EMBALMER

I, Blair Buzzard, Licensed Embalmer No. 2334

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Blair Buzzard,  
Licensed Embalmer No. 2334

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.)