

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

Do not use this space.

JUN 14 1939

18096

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township Washington

Primary Registration District No. 1001

City St. Joseph

(No. Mo. M. E. Hosp.)

File No. _____
Registered No. 540
St. _____ Ward _____

2. FULL NAME

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

(Usual place of abode)

Gravity - Iowa
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 21 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IS MARRIED, WIDOWED, DIVORCED, OR SEPARATED? HUSBAND OF _____ <u>Laura Belle Conner Warner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March - 19 - 1856</u>		
7. AGE	YEARS	MONTHS
	<u>83</u>	<u>2</u>
		DAYS
		<u>4</u>
	If LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) <u>March - 19 - 36</u>
	11. Total time (years) spent in this occupation. <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Ill.

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT M. Warner
(ADDRESS) Gravity - Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewardson DATE May. 25 1939

19. UNDERTAKER H. O. Sidenfaden & Son
(ADDRESS) 1802 Union St. St. Joseph, Mo.

20. FILED May 27 1939 H. J. Castlebrack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 23 - 1939

22. I HEREBY CERTIFY, That I attended deceased from April 30 1939 to May 23 1939.
I last saw him alive on May 22 1939. Death is said to have occurred on the date stated above, at 5:45 A.M.

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

Chronic bilateral Pylonephritis
Heart disease, atherosclerosis

Other contributory causes of importance:

Cancer of Prostate Gland

Name of operation Prostatectomy DATE OF 5/13/39

What test confirmed diagnosis? Technical 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) Chas. Greenberg M. D.

(Address) P. O. City of St. Joseph 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.

STATEMENT BY LICENSED EMBALMER

I, Elbert C. Harrington Licensed Embalmer No. 3258,
hereby certify that the body recorded on the reverse side of this
certificate was embalmed by _____

or by _____, Registered Apprentice No. _____

(Signed)

Elbert C. Harrington

Licensed Embalmer No. 3258

NOTE: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)