

Registration District No.

Primary Registration District No.

FILED JAN 17 1940

5586

4206

430

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Leeton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 6 Months
 years, months or days) _____

3. (a) PRINT FULL NAME Jessie Fremont Warvkin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife William Warvkin 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Aug 31 1861
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 4 19 hr. _____ min9. Birthplace Manchester Ind.
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business _____

12. Name Wm Tillison13. Birthplace England
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Walters15. Birthplace France
(City, town, or county) (State or foreign country)16. (a) Informant Frank Warvkin(b) Address Leeton, Mo17. (a) Removal (b) Date thereof 12-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Adrain, Mo.18. (a) Signature of funeral director R A Brauning(b) Address Leeton, Mo.19. (a) Jan 8, 1940 (b) Annabel Reynolds
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
 (c) City or town Leeton, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 1940 hour 12 noon minute _____ M.21. I hereby certify that I attended the deceased from Dec 3,
1940 to Dec 19, 1940
that I last saw her alive on Dec 18, 1940
and that death occurred on the date and hour stated above.Immediate cause of death
Cerebral
HemorrhageDue to senilityOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
INDWhile at work? 3 (Specify type of place) Means of injury 323. Signature P. H. PeStar (M.D. or other) P.O.Address Leeton, Mo. Date signed 12/19/40

RECEIVED
District Health Officer No. 81
District File Number
Date Filed 1-8-10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by MR

R.M. Brunninger, Registered Apprentice No. 3377
working under my personal supervision.

Signed R.M. Brunninger
Licensed Embalmer No. 3377
P. O. Address Leeton, Mo.

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.)

If this body is not embalmed, fact should be so stated above.