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-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
Dr. Bruce

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2330

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 26

26  
5  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
210 Manilla Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 11 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 210 Manilla Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Ann Jane Warner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John Warner 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 6 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 11 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dubuque Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Not Known

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. E. Warner

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River view Cemetery

18. (a) Signature of funeral director Thos. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-29-41 (b) D. W. B. of M.  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1941 hour 13 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 15 to Jan 27, 1941.  
that I last saw her alive on Jan 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Heart Pulmonary Edema  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Gout Bladder Disease  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? III

(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature D. W. B. of M. (M. D. or other) \_\_\_\_\_

Address Jefferson City, Mo. Date signed 1/28/41

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Joseph J. Gordon*  
.....  
Licensed Embalmer No. *1786*  
P. O. Address *Jefferson City 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.**