

No. 2
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X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2683

State File No. _____

Registration District No. 335

Primary Registration District No. 4178

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Blythedale
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Blythedale 0
(If outside city or town limits, write "RURAL")

(d) Street No. None (If rural, give location) 1

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Curam Warner

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Jane Moore 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 26 1881
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>0</u>	hr. _____ min.

Due to Metastasis of mural thrombus

Due to _____

9. Birthplace Fulton Co., Ohio /
(City, town, or county) (State or foreign country)

Other conditions Senility 12 10
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

11. Industry or business Carpenter, plasterer, etc

Major findings: _____

Of operations _____

MOTHER FATHER { 12. Name Dexter Warner

13. Birthplace Unknown in Ohio /
(City, town, or county) (State or foreign country)

14. Maiden name Gerringer

15. Birthplace Unknown in Ohio /
(City, town, or county) (State or foreign country)

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jane Warner

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

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

(b) Date of occurrence _____

(b) Address Blythedale, Mo

17. (a) burial (b) Date thereof Jan 28, 1941
(Burial, cremation, or removal) (City or town) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Blythedale Mo

(e) Means of injury _____
(Specify type of place)

18. (a) Signature of funeral director [Signature]

(b) Address Redgeway, Mo

23. Signature James B. Hysci (M. D. or other) DO

19. (a) Jan 31-1941 (b) Mrs. M. E. Bowles
(Date received local registrar) (Registrar's signature)

Address Blythedale Mo Date signed 1/24/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Unembalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.