

FILED MAR 17 1941

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

7327

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 420
 (b) Township Valle Primary Registration District No. 5574 Registered No. 23
 (c) City DeSoto (d) Street No. Route number 1 St.
55 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Edwin Fremont Warner

(a) Residence, No. Route No. 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Jane Robertson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1855
 7. AGE YEARS 85 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, N.Y.

FATHER 13. NAME Charles Henry Warner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, England

MOTHER 15. MAIDEN NAME Charlotte Walters
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, England

17. INFORMANT (ADDRESS) Cy. J. White, DeSoto, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeSoto, Mo. DATE March 5, 1941

19. FUNERAL DIRECTOR (ADDRESS) Lee Mothershead, DeSoto, Mo.

20. FILED 3-10 1941 Jeneva Bennett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from 2/20/1941 to 3/2/1941
 I last saw him alive on 3/2/1941. Death is said to have occurred on the date stated above, at 3:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 2/20/41

Other contributory causes of importance: Senility

Name of operation None Date of
 What test confirmed diagnosis? 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
 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. G. Fally M. D.
 (Address) 112 North Main St. DeSoto, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No. 2521
working under my personal supervision.

Signed J. E. M. Chisholm
Licensed Embalmer No.

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.)