

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

FILLED OCT 16 1941

Registration District No. 127

Primary Registration District No. 5221

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 05 years (Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Robert Warner

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

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Anna Mae Warner 6. (c) Age of husband or wife if alive 16 years 1967

7. Birth date of deceased (Month) May (Day) 16 (Year) 1941

8. AGE: Years 74 Months 3 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Owingsville Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

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

12. Name John Warner

13. Birthplace Cynthie Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Scott

15. Birthplace Cynthie Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Earl Nickels

(b) Address Pleasant Hill MO

17. (a) Burial (b) Date thereof Sept. 13.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strasburg MO.

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

(b) Address Pleasant Hill MO

19. (a) 9-13-41 (b) Mrs Ethel M. Aldridge  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1941 hour 5 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Sept 6 1941 to Sept 11 1941  
that I last saw him alive on Sept 7 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death thrombosis  
arteriosclerosis

Due to \_\_\_\_\_

Due to age

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations [Signature]

Of autopsy \_\_\_\_\_

Duration 6 da.

2 yrs

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? \_\_\_\_\_

(Specify type of place)

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

23. Signature E A Albers (M. D. or other) \_\_\_\_\_

Address Pleasant Hill MO Date signed 9-13-41

**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.....

*By me Sept 11 - 1941* ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *Alv. Bourgeois*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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

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