

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32147**  
Registrar's No. **119**

Registration District No. **625**  
Primary Registration District No. **3031**

1. PLACE OF DEATH:  
(a) County **Nodaway Co.**  
(b) City or town **Marquette**  
(c) Name of hospital or institution **St. Francis**  
(d) Length of stay: In hospital or institution **About 4 days**  
In this community **About 20 yrs.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Nodaway**  
(c) City or town **Ravenwood, Bush**  
(d) Street No. **W about 2 1/2 miles**  
(e) Citizen of foreign country? **0**

3. (a) PRINT FULL NAME **Richard Oberne Warner**  
(b) If veteran, name war **yes**  
(c) Social Security No. **493-18-0335**

4. Sex **0 M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **M**  
(b) Name of husband or wife **Ma Ella Warner**  
(c) Age of husband or wife if alive **37** years  
7. Birth date of deceased **July 18 1888**

8. AGE: Years **53** Months **1** Days **24**  
If less than one day hr. min.

9. Birthplace **Texas**

10. Usual occupation **Farmer last 4 or 5 yrs on Highway**

MOTHER FATHER  
12. Name **George Warner**  
13. Birthplace **Virginia**  
14. Maiden name **Sarah Wydale**  
15. Birthplace **Virginia**

16. (a) Informant **Ma Ella Warner**  
(b) Address **Ravenwood Mo**

17. (a) **Burial** (b) Date thereof **9-14-41**  
(c) Place: burial or cremation **Ravenwood Cemetery**

18. (a) Signature of funeral director **Samuel Funeral Home**  
(b) Address **95 1/2 South Main Marquette Mo**

19. (a) **Sept 15-41** (b) **Marcella Clarke**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **12** year **1941** hour **8** minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **Sept 9** to **Sept 12** 19**41**  
that I last saw him alive on **Sept 12** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Septic Pneumonia and Pulmonary Embolism** Duration  
Due to **Multiple Rib Fractures, Impaling of Rt. Lung**  
Due to **Compound Fracture of leg, Displacement of left leg**  
Other conditions **Skull fracture Rt.**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **MOC**  
Of autopsy **2, 2**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **Sept 12 1941**  
(c) Where did injury occur? **Highway**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **Highway**  
23. Signature **W.R. Jackson** (M. D. or other)  
Address **Marquette Mo.** Date signed **9-15-41**

53 (Licensed Embalmer's Statement on Reverse Side)

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

4  
1  
2

SEP 3 0 1941

OCT 1 0 1941

JUN 9 1953

**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.....



Licensed Embalmer No. 2620

P. O. Address. Manville, 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.**