

Registration District No. **397**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Research Hospital,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day,**  
(Specify whether  
In this community **since 1896,**  
years, months or days) **3**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,**  
(c) City or town **Kansas City,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2826 Harrison,**  
(If rural, give location)  
(e) Citizen of foreign country? **Yes,** (Yes or No)  
If yes, name country **England,**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **16th,**  
year **1941** hour **10:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct. 15**  
**1941** to **Oct. 16** 19**41**  
that I last saw **her** alive on **Oct. 16**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of**  
**left hip which**  
**was followed by**  
**profound shock.**  
Duration **15 hrs**

Other conditions **Arteriosclerosis**  
(Include pregnancy within 3 months of death)  
**Chronic ascending aorta**  
Major findings: **Senility**  
Of operations \_\_\_\_\_  
Of autopsy **1860g**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **Dec 123**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence **Oct 15 1941**  
(c) Where did injury occur: **at her home.**  
(City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**at her home.**  
(Specify type of place) \_\_\_\_\_ (e) Means of injury **fall on**  
**porch**  
23. Signature **Paul F. Hunt** (M. D.) **11/15/41**  
Address **424 W. 13th St.** Date signed **10/17/41**

3. (a) PRINT FULL NAME **Mrs. Rose A. Warner,**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

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

6. (b) Name of husband or wife **Rev. Samuel Warner,** 6. (c) Age of husband or wife if alive **85** years

7. Birth date of deceased **6th August, 1856**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>85</b>	<b>2</b>	<b>10</b>	_____ hr. _____ min.

9. Birthplace **England,** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

11. Industry or business **X**

12. Name **T. M. F. Holmes,**

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

14. Maiden name **Emma Marmont,**

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

16. (a) Informant **Rev. Samuel Warner,**

(b) Address **2826 Harrison, Kansas City, Mo.**

17. (a) **Burial,** (b) Date thereof **10-18-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C. Mo.**

19. (a) **10-17-41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

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

Dr. Paul Hunt,

*Dr. Paul Hunt*

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**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

*Felix Ring*

Licensed Embalmer No.

*H 127*

P. O. Address

*Kansas City*

**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.**