

JAN 8 1942

Registration District No. 426

Primary Registration District No. 5581

Registrar's No. 14

57  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Rural, Chilhowee Twp.  
(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 \_\_\_\_\_ (Specify whether)  
In this community 20 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57  
(c) City or town Rural 0  
(If outside city or town limit: write "RURAL") 0  
(d) Street No. Add Chilhowee, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ 0 years.

3. (a) PRINT FULL NAME John I. Warner  
3. (c) Social Security No. X  
3. (b) If veteran, name war. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 4  
year 1941 hour 10 minute 15 P.M.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 77 years  
6. (b) Name of husband or wife Ellen Warner  
7. Birth date of deceased May 14 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 30, 1941, to Dec. 4, 1941, that I last saw him alive on Dec. 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach. Duration 7

8. AGE: Years 73 Months 6 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Other conditions H68 (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_ PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name Robert Warner  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary B. Lynch  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Roy Warner  
(b) Address Chilhowee, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 12/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carsville Cem.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

18. (a) Signature of funeral director O. L. Cook

(b) Address Chilhowee, Missouri

23. Signature R. J. Powell (M. D., O. O., or other)

19. (a) 12/5/41 (b) O. L. Cook  
(Date received local registrar) (Registrar's signature)

Address Blairtown Mo. Date signed 12/5/41

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-7-42

**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 \_\_\_\_\_

J. W. Cook, Registered Apprentice No. 303  
working under my personal supervision.

Signed \_\_\_\_\_

O. L. Cook  
Licensed Embalmer No. 2708

P. O. Address Chilhowee, 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, above space should be left blank.**