S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 688

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5917

State File No. 7540

Registrar's No.

82

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Rural Buffalo Twsh.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Not in Hospital 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 85 - 8 - 26
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Rural - Buffalo - Twshp.
(If outside city or town limits, write "RURAL")

(d) Street No. 7 mi East of Bowling Green
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME H. Ransom Warner

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura Warner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 12 (Day) - 1856 (Year)

8. AGE: Years 85 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Pike Co. - Buffalo Twshp. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name J. D. Warner
13. Birthplace New York (City, town, or county) State (State or foreign country)

MOTHER
14. Maiden name Martha Ingram
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Henderson
(b) Address Bowling Green - R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Zion - Cemtry.

18. (a) Signature of funeral director W. B. ELMORE
(b) Address Bowling Green

19. (a) 7-9-42 (Date received local registrar) (b) F C Haley Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 8th
year 42 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov. 15 1941 to Feb. 6 1942
that I last saw him alive on Feb. 6 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Endocarditis	4 years
Due to Chronic Nephritis	Nov. 15-42
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 b

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 Glenn R. Oney (M. D. or other) D.O.
Address Bowling Green Mo Date signed 2/8/42

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-42-378

Date Filed MAR 11 1942

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 N. B. Ethridge

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.