V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1942

Registration District No. 8-5

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 20756 337

Registrar's No. 601

11
1
7

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4702 King Hill Avenue,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 25 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 4702 King Hill Avenue,
(If rural, give location)
(e) Citizen of foreign country? No. O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matsey Warfield,
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lloyd Warfield,
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased March 3rd, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	3	15	hr. min.

9. Birthplace Columbia, (City, town, or county) Missouri, O (State or foreign country)
10. Usual occupation Housekeeping,
11. Industry or business Homes,
FATHER 12. Name David Rice,
13. Birthplace (City, town, or county) O (State or foreign country)
MOTHER 14. Maiden name Sally Ewing,
15. Birthplace (City, town, or county) O (State or foreign country)
16. (a) Informant Lloyd Warfield
(b) Address 4702 King Hill Avenue,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet Cemetery
18. (a) Signature of funeral director Weaton-Behale & Bowman, Funeral Home
(b) Address 319 So. 10th Street,
19. (a) 6-19-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th. year 1942 hour 3:00 minute a. M.
21. I hereby certify that I attended the deceased from February 23, 1942 to June 18, 1942 and that I last saw her alive on June 15, 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Uterine Carcinoma — Duration 7 Mo.
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

H&P

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 Fenton Woodson (M. D. or other) O
Address 109½ West Mo Ave. Date signed 6-19-

1233 (Licensed Embalmer's Statement on Reverse Side)

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 6-18-42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10 St. Joseph 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.