

REG OCT 13 1942

State File No. _____

Registration District No. 165

Primary Registration District No. 5602

Registrar's No. 3

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

1. PLACE OF DEATH: Johnson

(a) County Johnson

(b) City or town North Ash Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Rural
(If outside city or town limit, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY ELLEN ANDREWS WARNER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 16
1942 to Sept 21, 1942,
that I last saw her alive on September 21, 1942,
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife John J. Warner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 8, 1864
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy Duration _____

8. AGE: Years 78 Months 3 Days 13 If less than one day _____ hr. _____ min.

Due to hemorrhage

Due to _____

9. Birthplace Clouey Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Thomas Warner

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

14. Maiden name unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Warner

(b) Address Blanchard Mo. H 3

17. (a) Buried (b) Date thereof 9-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carsville Cem.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director J. W. Wolf

(b) Address Chilhowee, Mo.

19. (a) 9-22-42 (b) Mr. O. J. Cook
(Date received local registrar) (Registrar's signature)

23. Signature E. N. Robinson (M. D. or other) D.O.

Address Chilhowee, Mo. Date signed 9/22/42

RECEIVED

State Health Officer No. 8,

Case File Number.....

Date Filed 10-9-42

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed S. Prof. Sweeney

Licensed Embalmer No. 1121

P. O. Address Warrensburg

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.