

Registration District No. **149**

Primary Registration District No. **1002**

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

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 12 months years, months or days)

3. (a) PRINT FULL NAME Mrs. Sunshine Warren  
 3. (b) If veteran, name war XX  
 3. (c) Social Security No. None

4. Sex Fe  
 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife John P. Warren  
 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased November 16 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 19  
 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER  
 12. Name John T. Work  
 13. Birthplace No Record (City, town, or county) (State or foreign country)  
 14. Maiden name No Record  
 15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pat S. Warren

(b) Address 1702 W. Broadway, Sedalia, Mo.

17. (a) Removal Removal (b) Date thereof 1-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

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

(b) Address Kansas City, Mo.

19. (a) 1-7-43 (b) M. M. Crowe  
(Date received local Registrar) (Registrar's signature)

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. 2121 Linwood  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th  
 year 1943 hour 6: minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 26 - 1942  
 1942 to Jan 5 - 1943  
 that I last saw her alive on Jan 5 - 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia  
 Duration 2 wks.

Due to Septic

Due to 108

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.

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 L. L. Gatt (M. D. or other) ---

Address 3850 P. road Date signed 1-6-43

**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 *A. B. Hainschild*.....

Licensed Embalmer No. *4159*.....

P. O. Address *Kansas City 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.**