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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2360

State File No.

JAN 21 1943

Registration District No. 137 Primary Registration District No. 4213 Registrar's No. 227

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Montrose
(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 years, months or days)
In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Montrose Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME John Morgan Warner
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 25 (Day) 1868 (Year)

8. AGE: Years 73 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Ill (City, town, or county) / (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Marcus Warner
13. Birthplace Indiana (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Sullivan
15. Birthplace Kentucky (City, town, or county) / (State or foreign country)
16. (a) Informant Mrs Warner
(b) Address Montrose
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3-1942 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ Montrose
18. (a) Signature of funeral director Welling Bros
(b) Address Montrose Mo
19. (a) Dec. 9 1942 (Date received local registrar) Georgia Kitchen (Registrar's signature) J.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1942 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 20, 1942, to Nov 24, 1942, that I last saw him alive on Nov. 24, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral hemorrhage
Due to
Due to Arterio-sclerosis
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 W. E. Baggerly (M. D. or other) MD
Address Montrose Mo. Date signed 12/3/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7.
District File Number 12-42-1434
Date Filed 1-14-43

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 me on the 2nd day of Dec 1942, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank R Lee

Licensed Embalmer No. 1299

P. O. Address Appleton 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.