S. No. 2
M—5-42
5-17-39
X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13468

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1762

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: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

In this community 26 Years

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. 704 East 23rd Street (If rural, give location)

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

If yes, name country: --

3. (a) PRINT FULL NAME: Mrs. Mayme Moore Warrell

3. (b) If veteran, name war: None

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mr. Percy A. Warrell

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: February (Month) 2 (Day) 1883 (Year)

8. AGE: Years 60 Months 2 Days 9 If less than one day hr. min.

9. Birthplace: Readville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: --

FATHER
12. Name: John W. Moore
13. Birthplace: Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Windsor
15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Percy A. Warrell

(b) Address: 704 East 23rd Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 13, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: D. W. Mulconnell Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 4-13-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 th year 1943 hour 9 30 minute A/M.

21. I hereby certify that I attended the deceased from March 27, 1943 to April 11, 1943 that I last saw her alive on April 11, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure (Right & Left ventricular failure)	
Due to: Hypertensive Cardiovascular Disease	
Due to: Chronic Glomerulonephritis.	
Other conditions (Include pregnancy within 3 months of death): 131B	

Major findings:
Of operations:
Of autopsy: As above

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: Jesse D. Rhoney per R.R. (M. D. or other) MS

Address: 814 Professional Bldg. Date signed: 4/11/43

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1944

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 H C Newcomer Jr

Licensed Embalmer No. 4643

P. O. Address K C 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.