

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3812

FILED DEC 8 1943

Registration District No. 1

Primary Registration District No. 3031

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(c) Name of hospital or institution:
703 N. Second St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 41 Years

3. (a) PRINT FULL NAME IDA WARNER

3. (b) If veteran, name war 22 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jack Warner 6. (c) Age of husband or wife if deceased Deceased years
7. Birth date of deceased April 3, 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name William J. F. Bryant
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Cathy
15. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Hagedorn
(b) Address 1908 Jefferson
17. (a) Burial (b) Date thereof Nov. 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.
19. (a) 11-10-43 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. 703 N. Second St.
(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 Nov. day 8 year 1943 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Oct 27, 1943 to Nov 8, 1943
that I last saw her alive on Nov 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis due to streptococcal infection Duration unknown
Due to chronic nephritis unknown

Due to 131 f
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 f Of autopsy 131 f
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?

While at work? (Specify type of place) (e) Means of injury Y
23. Signature J. P. Ingels (M. D. or other)
Address DeSoto, Mo. Date signed 11-10-43

FEB 16 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.....
.....
working under my personal supervision.

Signed *J. E. Mothershead*
Registered Apprentice No.....
Licensed Embalmer No. *3531*
P. O. Address *Esato 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.