

FILED FEB 10 1944

Registration District No. **247**

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: **St. Mary's Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days.**
(Specify whether
In this community **41 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME Mrs. Edna Warrington
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **Wht**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Charles E.** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Mar. 31 1898**
(Month) (Day) (Year)

8. AGE: Years **45** Months **9** Days **27**
If less than one day hr. min.

9. Birthplace **Carrolton Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
{ 12. Name **August Schierbaum**
{ 13. Birthplace **St Charles Co. Mo.**
(City, town, or county) (State or foreign country)
{ 14. Maiden name **Cynthia Brown**
{ 15. Birthplace **Hardin Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles E. Warrington**

(b) Address **3002 Seneca**

17. (a) **burial** (b) Date thereof **1-29-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Hill Cem.**

18. (a) Signature of funeral director **Simmons F. Home**

(b) Address **1404 So 37th St. Mo.**

19. (a) **1-28-44** (b) **J. C. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Wyandotte** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **3002 Seneca St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **26**
year **1944** hour **12:05** minute **P** M.M.

21. I hereby certify that I attended the deceased from **January 9**, 19**44**, to **January 26**, 19**44**
that I last saw her alive on **January 26**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death
Total Hysterectomy
Uterine Hemorrhage - Fibroid Uterus
Due to **Total Hysterectomy**
Due to **Uterine Hemorrhage - Fibroid Uterus**
Other conditions: **-**
(Include pregnancy within 3 months of death)

Duration **8 hrs.**
2-3 years

PHYSICIAN

Major findings:
Of operations **-**
Of autopsy **-**

Underline the cause to which death should be charged statistically.
56/4

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)
Means of injury **-**

23. Signature **S. S. Schaefer** (M. D. or other)
Address **3937 Main, K.C., Mo.** Date signed **1/28/44**

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.....

Licensed Embalmer No.

P. O. Address.....

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.