S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F 24867

State File No.

FILED JUL 20 1944

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 181

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
217 South Union
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 21 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL") 4

(d) Street No. 217 South Union
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RUTH ELLEN WARNER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 14, (Day) 1864 (Year)

8. AGE: Years 79 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Galesburg, (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Van Tassel
13. Birthplace No Data 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann
15. Birthplace No Data 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude Newberry 1
(b) Address Independence, Missouri 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland P. Speaks
(b) Address Independence, Missouri

19. (a) 7-3-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st, year 1944 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 6, 1943, to July 1, 1944; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to General arteriosclerosis with hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94 b

Of autopsy

Duration

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 Dr. Ruth V. Andrews (M. D. or other)
Address Independence Mo Date signed 7/3/44

1163

(Licensed Embalmer's Statement on Reverse Side)

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 Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep. 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.