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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1505

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 423

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~~: K.C. GENERAL HOSPITAL No. 1
(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 25 YEARS 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 38
(If outside city or town limits, write "RURAL")
(d) Street No. 1413 - CHARLOTTE STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---- 11

3. (a) PRINT FULL NAME MRS. ANNA MAY WARREN
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED 3
6. (b) Name of husband ~~or wife~~ MR. RAYMOND WARREN
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased APRIL (Month) 7 (Day) 1868 (Year)

8. AGE: Years 76 | Months 9 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace PAGE COUNTY (City, town, or county) IOWA (State or foreign country)
10. Usual occupation RETIRED-RESTAURANT OPERATOR
11. Industry or business HOTEL COOK-MARIAN, IOWA
FATHER
12. Name BENJAMIN MACKEY
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name ANNA MAY UNKNOWN
15. Birthplace (City, town, or county) unk. (State or foreign country)
16. (a) Informant Edward R Sharp
(b) Address Oak Forest - Ill.
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JAN 26 1945 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 1-26-45 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 24TH year 1945 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on Corona ..... 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to arterio-sclerosis	
Due to Fracture Rt Humerus	
Other conditions (Include pregnancy within 3 months of death) 1860 18	

Major findings:
Of operations History Inspection
Of autopsy no

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) accident 123
(b) Date of occurrence 1-19-45
(c) Where did injury occur? 1413 Charlotte K.C. Jackson, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home (Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature James C Walker (M.D. ~~or other~~) Corona
Address 1424 Profer Bldg Date signed 1-25-45

(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. E Oscar Northey

Licensed Embalmer No. 1767

P. O. Address. Kansas City

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.