

S. No. 2
M-3-43
v. 5-17-39
X37823

19729

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 29 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2492

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 804 Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Addison Warren
3. (b) If veteran, name war. no
3. (c) Social Security No. 496-16-7823

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8
year 1945 hour 5 minute 35 A.

4. Sex Male 5. Color or race w
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Warren
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased: Dec 16 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 24 1945 to June 8 1945
that I last saw him alive on June 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death neck
epidermoid carcinoma with bronchopneumonia

8. AGE: Years 73 Months 5 Days no
If less than one day hr. min.

Duration
Due to _____
Due to 53
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy See above

9. Birthplace: Mo. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Maintenance man

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Nelson Warren
13. Birthplace Much
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Shores
15. Birthplace West Va
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley Burgers
(b) Address Cincinnati Ohio
17. (a) Burial (b) Date thereof June 11-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah
18. (a) Signature of funeral director Mr C R Foster
(b) Address 914 Brooklyn
19. (a) 6-11-45 (b) Geraldine Helmer
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Clark W Seely (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed _____

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

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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.

Registered Apprentice No.

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.