

FILED AUG 4 1945
1799

Primary Registration District No. 1002

Registrar's No. 3150

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:
Home 701 West 13th, St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ray Laverne Warner

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Warner 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb. 6th, 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation Barber

11. Industry or business Self

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Warner

(b) Address 701 West 13th, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/45
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th, St.

19. (a) 7-26-45 (Date received local registrar) (b) Heraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 701 West 13th, St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24
year 1945 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of head

Due to

Due to

Other conditions 1956
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No permit history & suspicion

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Don't know

(b) Date of occurrence 7-24-45

(c) Where did injury occur? 701 W. 13th, 11th, Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? no (Specify type of place) (e) Means of injury 8.8 Pistol

23. Signature Jeanette Walker (M. D. or other)

Address 1429 Poplar St. Date signed 7-24-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12
30

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 *John B. Camp*

Licensed Embalmer No. *17955*

P. O. Address *K.C. 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.