

FILED SEP 1 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3308

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:
Kansas City Convalescent Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Weeks
(Specify whether
 In this community 58 Years
years, months or days)

3. (a) PRINT FULL NAME Pearl Bertha Warnes

3. (b) If veteran, name war no 3. (c) Social Security No. No

4. Sex Fe. 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Floyd C. 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Oct. 5 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 5 If less than one day hr. min.

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

MOTHER FATHER

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Dan C. Wright

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

14. Maiden name Linnie Cook

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

16. (a) Informant Mrs. Edna Mc Cullough

(b) Address 6209 E. 8th St.

17. (a) Burial (b) Date thereof Aug. 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director H. D. Beckman

(b) Address 2825 Independence Blvd.

19. (a) 8-13-45 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson HI
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 812 So. White 7
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 1
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
 year 1945 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 10 1945, to Aug 10 1945,
 that I last saw him alive on Aug 09 1945,
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage 1 mo

Due to arterio sclerosis

Due to _____

Other conditions \$30
(include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature R. H. Williams (M. D. or other) _____
 Address 5400 St. John Ave Date signed 8/11/45

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

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.....

J. B. Blackman

Licensed Embalmer No.....

2639

P. O. Address.....

K. C. M.

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.