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

27580

State File No.

FILED SEP 12 1945

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 236

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Indep. San & Hosp. 6 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Hrs. (Specify whether

In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Indep. Mo. 4 (If outside city or town limits, write "RURAL")

(d) Street No. — 4 (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Baby Warr

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced —

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

7. Birth date of deceased Aug. (Month) 28 (Day) 1945 (Year)

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

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Floyd Warr
13. Birthplace De Moines, Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorsey Lou Compton
15. Birthplace Indep. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Louis L. Compton

(b) Address 318 N. Delaware Indep. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn - Indep. Mo.

18. (a) Signature of funeral director Ott-Mitchell

(b) Address 310 N. Main

19. (a) Aug. 29-45 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw her alive on 8/28, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature 9 weeks	
Due to —	
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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 Fred W Hink Mgr (M. D. or other)

Address Fairmount Station Date signed 8/29/45

KCMW

(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.....

Not Embalmed Registered Apprentice No.....,

working under my personal supervision.

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.