

S. No. 2
M-5-43
7-5-17-39
I X36871

FILED SEP 12 1945
Registration District No. 176

Primary Registration District No. 3026

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

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 & Hoop. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs.
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. _____
(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. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1945 hour 9 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.

4. Sex Female 5. Color or race White

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

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

Immediate cause of death Premature 9 weeks Duration _____

Due to _____

Due to _____

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

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

Major findings: Of operations _____

Of autopsy _____

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER { 12. Name Floyd Warr

{ 13. Birthplace Des Moines, Iowa
(City, town, or county) (State or foreign country)

{ 14. Maiden name Dorothy Lou Compton

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

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? _____

16. (a) Informant J. L. Compton

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

17. (a) Burial (b) Date thereof Aug 29 45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. L. W. High (M. D. or other) _____
Address Jacumont Indep. Date signed 8/29/45

18. (a) Signature of funeral director J. L. W. High

(b) Address 310 N. Main - Indep.

19. (a) Aug. 29-45 (b) J. L. W. High
(Date served local registrar) (Registrar's signature)

1162

K C W

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.