F. S. No. 2
00M—5-43
ev. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9751

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 1557

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: 2635 EAST 60TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------
In this community #3 months (Specify whether years, months or days) Gregoire

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~MISSOURI~~ Illinois (b) County ~~JACKSON~~ ~~Cook~~ 4

(c) City or town ~~KANSAS CITY~~ Forest Park 3
(If outside city or town limits, write "RURAL")

(d) Street No. ~~2635 EAST 60TH STREET~~ 8
1538 Marengo Ave. (If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME MRS. MINNIE WARNER

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, married, widowed, divorced WIDOWED

6. (b) Name of husband or wife Harry Martine Warner MR unknown

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased APRIL (Month) 29 (Day) 1875 (Year)

8. AGE: Years 70 Months 11 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace NEW YORK CITY (City, town, or county) NEW YORK (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business --

12. FATHER Name FREDERICK NEHLS

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

14. MOTHER Maiden name UNKNOWN

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

16. (a) Informant MRS. EVELYN L. ANDREWS

(b) Address 2635 EAST 60TH STREET

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof APRIL 1 1946 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation D. W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Corr. by affi Hallie Stile June 6 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30TH year 1946 hour 2 minute 16 P. M.

21. I hereby certify that I attended the deceased from 25 March, 1946, to 30 March, 1946, that I last saw her alive on 30 March 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension, arterial sclerosis, cause undetermined — Duration 3 yrs.

Due to cause undetermined

Due to

Other conditions (Include pregnancy within 3 months of death) Cardiac hypertrophy

Major findings:
Of operations none
Of autopsy none

95 C

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, or in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Albert H. Luppens (M. D. or other)

Address 5845 Prospect Date signed 30 March 46

(Licensed Embalmer's Statement on Reverse Side)

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

5845 Ora Avenue
3:30-6:30 A.M.

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 Earl Rapp

Licensed Embalmer No. 3458

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.

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 9751
Local Registrar's No. 1557

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of November, 1946, before me appears Mrs. Evelyn L. Andrews, who, upon her oath, states that the original record of ~~birth~~ death for Minnie Warner, ~~born~~ died March 30, 1946, in the State of Missouri, and which was filed at Kansas City on 4-1-, 1946 should be corrected as follows:

Item No. 2a should read Illinois
Instead of Missouri

Item No. 2c should read Forest Park
Instead of Kansas City

~~In this community~~
Item No. 2d should read 1538 Marengo Ave.
Instead of 2635 E. 60th St.

In this community
Item No. should read 3 months
Instead of 6 years

Item No. 6a should read Divorced
Instead of widowed

Item No. 6b should read Harry Martine Warner
Instead of Unknown

Item No. 2b should read Cook
Instead of Jackson

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Evelyn L. Andrews Daughter
Relationship.

2635 E. 60th St. K.C. Mo.
Present Address.

Subscribed and sworn to before me this 7th day of November, 1946.

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
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