S. No. 2
M—9-4-41
v. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 11 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10380

Registration District No. 225 Primary Registration District No. 5938 Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Phelps
(b) City or town: Rural Arlington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: ~~Mo~~ Colo. (b) County: El Paso 999
(c) City or town: Colorado Springs 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 2115 W. Colorado Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: Lizzie Mae Warner
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: Married
6. (b) Name of husband or wife: Paul Warner
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: Aug (Month) 1 (Day) 1904 (Year)
8. AGE: Years 41 Months 7 Days 15 If less than one day ..... hr. ..... min.
9. Birthplace: Del Rio (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
MOTHER FATHER
12. Name: Thomas Jefferson Willis
13. Birthplace: N. Carolina (City, town, or county) (State or foreign country)
14. Maiden name: Mary Lizzie Shelton
15. Birthplace: N. Carolina (City, town, or county) (State or foreign country)
16. (a) Informant: Paul A. Warner
(b) Address: 2115 W Col. Ave Colo Springs Colo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 20 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Bulla Mo
18. (a) Signature of funeral director: Lee Johnson
(b) Address: Newburg Mo
19. (a) Mar. 22, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1946 hour 10 minute 45 PM
21. I hereby certify that I attended the deceased from March 1st 1946, to March 16 1946 that I last saw h. alive on March 16 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular & respiratory failure	
Due to: Coronary Embolism	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 940	PHYSICIAN
Of autopsy:	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: Richard C. Myers (M. D. or other)
Address: Newburg, Mo. Date signed: March 17, 46

252 (Licensed Embalmer's Statement on Reverse Side)

MAY 10 1948

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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.