

FILED JUL 8 1946

Registration District No. 116

Primary Registration District No. 3020

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
217 W. Fifth St.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Since Army release 1-26-46
 years, months or days

3. (a) PRINT FULL NAME BERNARD NICKOLAS WARNER

3. (b) If veteran, name war World War 11
 3. (c) Social Security No. 494-22-0687

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 12 1925
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 1 12 hr. min.

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

10. Usual occupation Baker

11. Industry or business Bakery

MOTHER FATHER { 12. Name Adolph Warner
 13. Birthplace Bluffton Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Fronie Salamink
 15. Birthplace Rhineland Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Adolph Warner
 (b) Address 217 W. 5th St., Washington, Missouri

17. (a) Burial (b) Date thereof 6-27-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cemetery Rhineland, Mo

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) 6/25/46 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Washington
 (If outside city or town limits, write "RURAL")
 (d) Street No. 217 W. Fifth St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1946 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to June 24, 1946
 that I last saw him alive on June 24, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's Disease
 Duration 1 year

Due to _____

Due to _____

Other conditions 44
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 Charles H. St. (M. D. or other)
 Address Washington, Mo Date signed 6-25-46

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-3-46

AUG 26 1946

DEC 13 1946

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

Hugo A. Blum

Licensed Embalmer No. 3160

P. O. Address Wernmann, Missouri

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.