

FILED AUG 7 1946

Registration District No.

Primary Registration District No. 4186

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Geo. W. Warner
3. (b) If veteran, name war. no
3. (c) Social Security No. 494-01-8309

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tilman C. Warner
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 24 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 9 If less than one day hr. min.

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business auto dealer

12. Name Chas. Warner

13. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name Barthart Kutzle

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

16. (a) Informant Mrs. Geo. W. Warner

(b) Address Sullivan

17. (a) and (b) Date thereof 8-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marys

18. (a) Signature of funeral director D. A. Kuehns

(b) Address XH 228 So King Highway

19. (a) 8-2-46 (b) C. D. Director
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin
(c) City or town Sullivan
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1946 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 15, 1946, to Aug 2, 1946
that I last saw him alive on Aug 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1/2 hour

Due to Coronary sclerosis and angina pectoris 11 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy none 9/4/46

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 C. D. Porter (M. D. or other)
Address Sullivan MO Date signed 8/2/46

RECEIVED
District Health Officer No. 9,
District File Number 8-46-47
Date Filed 8-5-46

JUN 23 1954

AUG 21 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

Richard W. Storrsand

Licensed Embalmer No. *4007*

P. O. Address *St. Louis, 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.