

FILED JAN 9 1947

Registration District No. 22

Primary Registration District No. 3006

Registrar's No. 314

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Tracy, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sales, Warren Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased 7 13 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63	5	13	hr. min.
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9. Birthplace Platte City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farm hand

11. Industry or business _____

MOTHER FATHER

12. Name James Nelson Sales

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

14. Maiden name Adelaine (Cranert) Sales

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

16. (a) Informant ??

(b) Address ??

17. (a) Burial (b) Date thereof 12-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Palmer & Mitchell

(b) Address Platte City Mo

19. (a) 12-23-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1946 hour 4:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 18, 1946, to December 21, 1946; that I last saw him alive on December 21, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Esophageal Obstruction

Due to Chronic inflammation

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

Major findings:
Of operations _____

Of autopsy See above

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? No (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address Columbia Hospital Date signed 12/24/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 5 1947

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 Frances M. Gifford
Licensed Embalmer No. 4393
P. O. Address Platte City 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.