No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34724
Registrar's No. 4454

1. PLACE OF DEATH
(a) County: JACKSON
(b) City or town: K.C. MO. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1935 E. 14th HOME (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community: 27 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City Mo 3 (If outside city or town limits, write "RURAL")
(d) Street No. 1935 E. 14th K C Mo 8 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: PEARL LEE WARFIELD
3. (b) If veteran, name war: No
3. (c) Social Security No. 500-14-9663
4. Sex: FE 3
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: CHESTER A.
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: Oct (Month) 16 (Day) 1897 (Year)

8. AGE: Years 50 Months 2 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace: KANS (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
FATHER 12. Name: THOMAS W. WALTHALL
13. Birthplace: DONT KNOW (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: DONT KNOW
15. Birthplace: DONT KNOW (City, town, or county) (State or foreign country)
16. (a) Informant: Chester Warfield
(b) Address: 1935 E. 14th K C Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland, K.C. Mo.
18. (a) Signature of funeral director: Ed Greenstreet
(b) Address: 1819 E. 15th K C Mo
19. (a) 10-24-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 47 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from Jan. 15, 19 46 to Oct. 22, 19 47, that I last saw her alive on Oct. 20, 19 47, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinomatosis | |
| Due to: Squamous Cell Carcinoma of Cervix | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations: Diagnosis by Biopsy
Of autopsy:

PHYSICIAN — Underline the cause of 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: 0

23. Signature: [illegible] (M. D. or other)
Address: 1830 Vine Date signed: 10-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Wm. G. Flynn

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15th K C M

**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.**