S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1948

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1368
Registrar's No. 68

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1711 E. 35th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1711 E. 35th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Catherine A. WARNER
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Connie Warner
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 25, (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
93	6	10	hr. min.

9. Birthplace: Naveu (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
FATHER 12. Name: Edward Farrell
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name: Catherine Brown
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs. Bertha DeLouis
(b) Address: 1711 E. 35th Street, K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 1-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1948 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from Several years, 19 to Jan 5, 19 48 that I last saw her alive on Jan 4, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	1 yr
Due to Arteriosclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? Means of injury
23. Signature: John O. Simmons (M. D. or other)
Address: 1402 E. Bryant K.C. Mo. Date signed 1/6 48

(Licensed Embalmer's Statement on Reverse Side)

C.O. Steinman

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 Russell W. Flame

Licensed Embalmer No. 4255

P. O. Address K.C. 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.