

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19713

FILED JUL 12 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2258

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS (Specify whether
in this community 51 YRS. years, months or days)

3. (a) PRINT FULL NAME LOTTIE WARFIELD

3. (b) If veteran, name war No 3. (c) Social Security No. Unk.

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife Will Warfield 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased JUNE 8, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 0 21 hr. min.

9. Birthplace KANSAS CITY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name DAN GREEN

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

14. Maiden name CARRIE

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

16. (a) Informant OLLIE BLACKWELL (SON)

(b) Address 1214 E. 14TH ST.

17. (a) Burial (b) Date thereof 7/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1729 [Address]

19. (a) 7-2-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 1214 E. 14TH 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 29,
year 1948 hour 12: minute 00 Noon M.

21. I hereby certify that I attended the deceased from JUNE
24, 1948, to JUNE 29, 1948;
that I last saw her alive on JUNE 29, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death GENERALIZED PERITONITIS Duration

Due to VULVULITIS OF SMALL INTESTINE WITH PERFORATIONS

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy SAME AS ABOVE

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? Means of injury

23. Signature [Signature] (M. D. or other)
Address GENERAL HOSPITAL NO. 2 Date signed 7/2/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *Jessie Manlove*
Licensed Embalmer No. 3994
P. O. Address: 2503 Highland

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.