

FILED JUL 19 1948  
Registration District No. 149

Primary Registration District No. 1002

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. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 37 Days (Specify whether  
In this community 40 yrs years, months or days)

3. (a) PRINT FULL NAME

Lee C. Warwick

3. (b) If veteran, name war No

3. (c) Social Security No. 495-094-161

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ruby M. Warwick 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Dec 30 1887 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business

12. Name Ray Warwick  
13. Birthplace Indiana (City, town, or county) (State or foreign country)  
14. Maiden name Maggie (City, town, or county) (State or foreign country)  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby M Warwick

(b) Address 2412 E 31st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill St. C. O.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 N 42nd

19. (a) 7-5-48 (Date received local registrar) (b) Deraldine Holmes (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. 2412 E 31 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 July day 4  
year 1948 hour 1 minute 15A M.

21. I hereby certify that I attended the deceased from May 28 1948 to July 4 48  
that I last saw him im alive on July 4 48  
and that death occurred on the date and hour stated above.

Immediate cause of death C. A. of Head of Pancreas Duration

Due to

Due to

Other conditions 46 8 (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? (Specify type of place) (e) Means of injury 1

23. Signature W. W. Hart (M. D. or other) Dr

Address Gen. Hosp. Date signed

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

MOTHER, FATHER

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**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..... *J. L. Freeman*

Licensed Embalmer No. *2939*

P. O. Address. *St. Louis 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.**