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 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37013
State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 345

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, 1406 W. Alton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community: 63 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Independence (If outside city or town limits, write "RURAL") 4
(d) Street No.: 1406 W. Alton (If rural, give location) 4
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Mr. Charles H. Warneson
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: male 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed 4
6. (b) Name of husband or wife: Mrs. Rose Warneson (deceased)
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. 15, 1864 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	11	24	hr. min.

9. Birthplace: Pherdon Providence, Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation: Bookbinder & box maker
11. Industry or business: retired
MOTHER FATHER
12. Name: Louis Warneson 4
13. Birthplace: unknown, Germany (City, town, or county) (State or foreign country)
14. Maiden name: Saphie Rohde
15. Birthplace: unknown, Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lenora Moon
(b) Address: 1406 W. Alton, Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cem. KC, Mo.
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 11-10-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 9 year 1948 hour 4:30 minute A M.
21. I hereby certify that I attended the deceased from Mar 10, 1948, to Nov 9th, 1948; that I last saw ~~him~~ alive on Nov 8th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs
Due to: Mitral insufficiency	6 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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: —
23. Signature: J. N. Hill, M.D. (M. D. or other)
Address: 4438 Hedgee Ave Date signed: 11/10/48
Independence Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 20 1948

NOV 13 1948

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 John M. Heisman, Registered Apprentice No. 269, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4133

P. O. Address Independence, 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.