

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1949

State File No. 37779

5601

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 2032 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Johnson.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Johnson.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg. rural.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg. rural.	
c. LENGTH OF STAY (In this place) 16yrs		d. STREET ADDRESS (If rural, give location) 817, S. Maguire St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 817, S. Maguire St./			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) George	b. (Middle) Peak	c. (Last) Janes.	(Month) Nov.	(Day) 18	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 10, May, 1863.		9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Johnson Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Joab H. Janes.		13b. MOTHER'S MAIDEN NAME Nancy Patric		14. NAME OF HUSBAND OR WIFE single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Jim Janes. ADDRESS Warrensburg, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 10-15 yr.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia, pernicious		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					2900.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Sept, 16, 1949, to Nov. 18, 1949,** that I last saw the deceased alive on **Nov. 17, 1949,** and that death occurred at **12:10 p.m.,** from the causes and on the date stated above.

23a. SIGNATURE <i>Samuel Phillips</i>		23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 11/18/1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 20, Nov. 1949		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cem.	
24d. LOCATION (City, town, or county) Windsor, Mo.		DATE REC'D BY LOCAL REG. Nov. 18, 1949		REGISTRAR'S SIGNATURE <i>Sara Ann Phillips</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Sweeney Phillips</i>		ADDRESS Sweeney Phillips.			

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

RECEIVED
NOV 22 1949
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

R A Phillips

Licensed Embalmer No.

2320

P. O. Address

Warrensburg, 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.