

FILED SEP 16 1955

STANDARD CERTIFICATE OF DEATH

4255 State File No. 30034

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4255 Registrar's No. 37

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 KINGSVILLE		c. CITY OR TOWN KINGSVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 Mo		e. STREET ADDRESS (If rural, give location) KINGSVILLE MO 0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION KINGSVILLE MO			

3. NAME OF DECEASED (Type or Print) SARAH ELIZABETH WARREN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) SEPT 10 1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, A WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-11-1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5 Days 29	IF UNDER 1 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) DEARBORN MO	12. COUNTRY OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME CHARLES WARREN	13b. MOTHER'S MAIDEN NAME EMMA HOLLAND	14. NAME OF HUSBAND OR WIFE JOHN A WARREN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS BOONE HOLLAND	ADDRESS KINGSVILLE MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 14**, 1955, to **Sept 10**, 1955, that I last saw the deceased alive on **Sept 10**, 1955, and that death occurred at **7:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Amicus Hahnberg (Degree or title) md	23b. ADDRESS Holden	23c. DATE SIGNED 9/11/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT 13 '55	24c. NAME OF CEMETERY OR CREMATORY DAVIS CHAPEL CEM	24d. LOCATION (City, town, or county) (State) EDGERTON, MO
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DATE REC'D BY LOCAL REG. 9-12-55	REGISTRAR'S SIGNATURE Mrs Ed Redford	150	25. FUNERAL DIRECTOR'S SIGNATURE Consistent Ross	ADDRESS Holden, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
SEP 13 1955
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.....
Signature of Student Embalmer

Signed.....
M. J. Canada

Licensed Embalmer No. *347*

P. O. Address *Holden*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.