REC'D APR 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10518
Do not use this space.

1. PLACE OF DEATH

(a) County Clay — Registration District No. 148

(b) Township Fishing river — Primary Registration District No. 3011 — Registered No. 25

(c) City Excelsior Springs — (d) Street No. Excelsior Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Strawd Anderson Warren

(a) Residence, No. Excelsior Springs, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie Norfleet.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 2- 1880

7. AGE: YEARS 59 — MONTHS 2 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~[illegible]~~ Clay Co. Mo

FATHER
13. NAME: Mitchell Warren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Paul A. Warren, 646 S. Marietta

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawson, Mo. DATE Mar 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Claude Prichard, Excelsior Springs, Mo.

20. FILED 3-8 1939 Rosina McCracken
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939, to Mar. 6, 1939
I last saw him alive on Mar. 6, 1939. Death is said to have occurred on the date stated above, at 7 PM m.
The principal cause of death and related causes of importance were as follows:

Cancinoma Stomach — Date of onset

46

Other contributory causes of importance: Had. 5 Gastric hemorrhages

Name of operation: none — Date of
What test confirmed diagnosis? physical + Lab — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) S. M. Cracken, M. D.
(Address) Excelsior Spg Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-40-38 I X14028

RECEIVED
District Health Officer No. 8,
District File Number 4/3/39
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.