

MAY 24 1939

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

16408  
Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 881  
 (b) Township Elkhorn Primary Registration District No. 6771 Registered No. 21  
 (c) City ..... (d) Street No. ....  
 (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 William Francis Homes

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Susan K. Grover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1852

7. AGE YEARS 86 MONTHS 10 DAYS 27 If LESS than 1 day, .... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

FATHER 13. NAME Frederick B. Homes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

MOTHER 15. MAIDEN NAME Frances Maynard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

17. INFORMANT (ADDRESS) Mrs. John Horse  
Warrenton, Mo.

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellefontaine Cemetery, St. Louis  
DATE April 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F.W. Nieburg & Son  
Warrenton, Mo.

20. FILED April 27, 1939 at Warrenton, Mo.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11. 10 1936 to 4. 22 1939  
 I last saw him alive on 4. 22 1939. Death is said to have occurred on the date stated above, at 1:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

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Other contributory causes of importance:  
Ch. Cardiovascular Renal Dis.  
Emphysema  
Ch. Prostatitis

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
 If so, specify Walter Germain, M.D.  
 (Signed) Warrenton, Mo.  
803 (Address)

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.

**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, .....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John F. Neuberg  
Licensed Embalmer No. 3897  
P. O. Address Warrenton, Or

**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.**