

MAY 24 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

16430

Do not use this space.

## 1. PLACE OF DEATH

(a) County Worth Registration District No. 903  
 (b) Township Stitchell Primary Registration District No. 4502 Registered No. ....  
 (c) City Frank City, Mo. (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 HENRY WARREN  
 (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Ann Warren</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6, 1845</u>		
7. AGE <u>94</u>	YEARS <u>3</u>	MONTHS <u>2</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		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) <u>Liberty Mo.</u>		
13. NAME <u>William Henry Warren</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Kentucky</u>		
15. MAIDEN NAME <u>Mary E. Shepherd</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Chas. Jones Frank City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Franklin</u> DATE <u>4/10</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Arch. Dungee Frank City, Mo.</u>		
20. FILED <u>5-5</u> 19 <u>39</u> <u>Ed. M. D.</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15 1939 to April 8 1939  
 I last saw him alive on April 7 1939 Death is said to have occurred on the date stated above, at 6:10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
preceded by influenza  
 Date of onset 1-39

Other contributory causes of importance: HN

Name of operation None Date of None  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None  
 Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify None  
 (Signed) Frank M. D. M. D.  
 (Address) Frank City, Mo.

District No. \_\_\_\_\_  
District File Number 39-451  
Date Filed MAY 8 1939

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**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.....

*Arch C. Dumble*

Licensed Embalmer No. 3252

P. O. Address Grant City, 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, above space should be left blank.**