

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

**36481**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Washburn Registration District No. 449  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4267 Registered No. \_\_\_\_\_  
 (c) City Shavano or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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**

William Elmer 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1970

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 7 4

OCCUPATION 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. Laharen  
 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) Sullivan Co Mo

FATHER 13. NAME James J Warren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek Mo

MOTHER 15. MAIDEN NAME Malissa Clem

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek Mo

17. INFORMANT (ADDRESS) Willard Warren  
St Catherine Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shavano DATE 10/15/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.E. Holman  
Shavano Mo 444

20. FILED 10/18 1939 J.A. McCoub  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/13/39

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939 to Oct 13 1939  
 I last saw h. alive on Oct 6 1939 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio nephritis  
95%  
 Date of onset 1938

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) W. E. Holman, M. D.

(Address) Shavano Mo

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

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1586

Date Filed 10-39

**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 Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. E. Holman

Licensed Embalmer No. 4107

P. O. Address Lebanon 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.**