

FILED MAY 9 1940  
Registration District No. 799

Primary Registration District No. 301F

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dr. Mump Ward 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One day  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George James Warfield 1/14

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased February 27 1910  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	1	16	hr. _____ min.

9. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Tebbetts No. Farmer

11. Industry or business \_\_\_\_\_

12. Name George Warfield

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Cora May Shaw  
(City, town, or county) (State or foreign country)

15. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George W rfield

(b) Address Tebbetts, Missouri

17. (a) Burial (b) Date thereof 4/14/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View

18. (a) Signature of funeral director Ray A. Holt

(b) Address Central Woodfield Mo

19. (a) 4/14/40 (b) A. B. M. of M. M.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 13 1940 to April 13 1940  
that I last saw him alive on April 13 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Meningeal encephalitis  
Duration \_\_\_\_\_

Due to Pneumococcus

Due to \_\_\_\_\_

Other conditions Pneumonia  
(Include pregnancy within 6 months of death) Sober Right

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Bruch (M. D. or other) \_\_\_\_\_

Address Jefferson City Mo Date signed 4/14/40

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

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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.....

*Ray A. Holt*

Licensed Embalmer No. *2605*

P. O. Address *New Bloomfield*

**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.**