

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15456

MAY 17 1940
Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Levering Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eugene Denham Warren 650

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 6. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Lucinda Smith 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased March 5, 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 1 25 hr. min.9. Birthplace Kearney Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Railroad Clerk11. Industry or business Retired12. Name Calvin Warren13. Birthplace New York State
(City, town, or county) (State or foreign country)14. Maiden name Josephine Lake15. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W. Hayden(b) Address 1-825 Highway17. (a) Burial (b) Date thereof 5/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Olivet18. (a) Signature of funeral director Crawford Smith(b) Address 902 Broadway Hannibal Mo19. (a) May 1-40 (b) H. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Marion
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 214 South Tenth
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1940 hour 8 minute A.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Lobar Pneumonia Duration _____

Due to _____

Due to _____

Other conditions Obstructed bowels
(Include pregnancy within 3 months of death)
acute decided injury of abdomenMajor findings: _____ PHYSICIAN _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Auto accident(b) Date of occurrence April 25 - Hit on street(c) Where did injury occur? Home Man Man
(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)
(a) Means of injury _____23. Signature H. B. Norton (M. D. or other) _____Address Hannibal Mo Date signed 5/1/40

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..... *Joseph J. Marsh*.....
Licensed Embalmer No..... 3932.....

P. O. Address..... Hannibal Missouri.....

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.