JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 21310

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 189

**1. PLACE OF DEATH:**

(a) County Butler 1

(b) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff, Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about one week (Specify whether
In this community about 3 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 0

(a) State Missouri (b) County Butler

(c) City or town Broseley
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Dale Woodrow Warren 650

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 15, 1940
(Month) (Day) (Year)

8. AGE: Years 2 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Broseley (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation 0

11. Industry or business 0

FATHER
12. Name Elmer W. Warren
13. Birthplace Broseley (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ila V. Head
15. Birthplace Poplar Bluff, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elmer W. Warren
(b) Address Broseley, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mole Hill Cemetery

18. (a) Signature of funeral director Greer-Croy
(b) Address Poplar Bluff, Missouri

19. (a) 6-23-40 (Date received local registrar) (b) Oblutsinger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 22
year 1940 hour 11 minute 58 P.M.

21. I hereby certify that I attended the deceased from 6-18, 1940 to 6-22, 1940;
that I last saw him alive on 6-22, 1940;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Ileo Colitis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations none | |
| Of autopsy none | |

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

23. Signature [signature] (M. D. or other) 1
Address Poplar Bluff Mo Date signed 6-24-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**