

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.

JUN 28 1940

Registration District No. 329

Primary Registration District No. 5195

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Brandy  
(b) City or town Laredo  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township) 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days 1 5 11

3. (a) PRINT FULL NAME JOHN HENRY WARREN

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 Widowed

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

7. Birth date of deceased May 26 1862  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>78</u> | <u>0</u> | <u>29</u> | hr. _____ min. _____ |

9. Birthplace Brandy Co \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name F. J. Warren

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

14. Maiden name Nancy Jane Kethum  
(City, town, or county) (State or foreign country)

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mabel Warren

(b) Address Laredo Missouri

17. (a) Burial (b) Date thereof 6 27 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. Tucker cemetery

18. (a) Signature of funeral director C. J. Robertson

(b) Address Laredo, Mo.

19. (a) June 28 1940 (b) Mrs. Mabel Warren  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Brandy  
(c) City or town Laredo Rural  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1940 hour 10 PM minute 40 P. M.

21. I hereby certify that I attended the deceased from 3-30-40  
\_\_\_\_\_, 1940, to 6-25, 1940;

that I last saw him alive on 6-25, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Duration \_\_\_\_\_

Due to Coronary Atherosclerosis

Due to Chronic interstitial Nephritis

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) none

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

(c) Where did injury occur? none  
(City or town) (County) (State)

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

958 While at work? none (Specify type of place) (e) Means of injury \_\_\_\_\_

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

Address Laredo Date signed 6/26/40

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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.....

*E. J. Robertson*

Licensed Embalmer No. *2468*

P. O. Address *Fardo, md.*

**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.**