

No. 2  
-10-3  
17-39  
X21492

Registration District No. 318

Primary Registration District No. 2001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1433 IRVING  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1433 Irving  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 30  
year 1940 hour 10 minute 55 P. M.  
21. I hereby certify that I attended the deceased from 9/29/40 1940 to 9/30/40 1940;  
that I last saw him alive on 9/30/40 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Vascular sclerosis with dementia  
Due to Senility  
Due to 99  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 1 yr  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME ANDREW L. WARREN

8. (b) If veteran, name war no 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Mal T. Warren 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Oct. 22 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Miller Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Conductor

11. Industry or business R.R. Work

12. Name Richard Warren 13. Birthplace Wahyow, Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Sallie Ann Woody 15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mal T. Warren (b) Address Springfield, Mo.

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof Oct 3-1940 (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. H. Hingert (b) Address Springfield, Mo.

19. (a) Oct. 3, 1940 (b) D. V. E. Handley (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

Signature C. E. Feller (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 9/24/40

**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

*William Paul Hood*

Licensed Embalmer No. *4075*

P. O. Address *Springfield*

**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.**

X