

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36026

State File No. \_\_\_\_\_  
Registrar's No. 344

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution: 1220 South Massachusetts  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community life-time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1220 South Massachusetts  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Henry Logan Warren  
(b) If veteran, name war: none  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 28  
year 1940 hour 5 minute 10 M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Eva F. May  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 29, 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15  
1940 to Oct 28 1940  
that I last saw her alive on Oct 27 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 4 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary atherosclerosis & infarction

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

Due to arteriosclerosis

10. Usual occupation Carpenter

Due to \_\_\_\_\_  
Other conditions 9412  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name William Warren  
13. Birthplace Louisville, Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Marinda J. Tribble  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Eva F. Warren  
(b) Address 1220 S. Massachusetts, Sedalia, Mo.  
17. (a) Burial (b) Date thereof Oct. 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Crown Hill Sedalia, Missouri  
18. (a) Signature of funeral director Wm. Harry Sneed  
(b) Address Sedalia, Missouri  
19. (a) Oct. 30, 40 (b) Wm. Harry Sneed  
(Date received by local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature Chas. W. Sneed (M. D. or other) \_\_\_\_\_  
Address Sedalia, Mo. Date signed Oct 31, 1940

Dr. McNeil

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed  
11-11-77

**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 *Shane Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia Mo*

**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, fact should be so stated above.**