

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36089**

Registration District No. **5711**

Primary Registration District No. **5940**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Dixon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Dixon
(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 Jacob Holland Warren

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Jessie Warren 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased 2 17 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 23 If less than one day
hr. _____ min. _____

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

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Holland Warren

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

14. Maiden name Cora Ann Cowan
(City, town, or county) (State or foreign country)

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

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

(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 11/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 11/13/40 (b) A. S. Lick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 1940 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov. 10 - 1940 to Nov. 10, 1940
that I last saw him alive on Nov. 10 - 1940
and that death occurred on the date and hour stated above.

Immediate Cause of death Mitral Dilatation
Due to Weak heart muscle

Other conditions _____
(Include pregnancy within 8 months of death) ADP

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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? Yes

23. Signature A. S. Lick (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Date signed _____
Address Dixon, Mo.

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.

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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.....

November 10, 1940

Registered Apprentice No.....

working under my personal supervision.

Signed

Fred W. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, 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, above space should be left blank.