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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18400

Registration District No. 547 Primary Registration District No. 3079 Registrar's No. 166

1. PLACE OF DEATH:

(a) County Marion

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community Entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Route No. 2. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Nannie Warren

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas F. Warren

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

7. Birth date of deceased January (Month) 20 (Day) 1859 (Year)

8. AGE: Years 82 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business —

FATHER
12. Name George Schultz
13. Birthplace (Do not know) (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Bub
15. Birthplace (Do not know) (City, town, or county) Germany (State or foreign country)

16. (a) Informant Amelia Thomas

(b) Address R.F.D. #2 - Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Roy J. Schwartz

(b) Address Hannibal Mo.

19. (a) 5/28/41 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1941 hour 6:00 minute a. M.

21. I hereby certify that I attended the deceased from 5-15, 1941, to 5-23, 1941; that I last saw her alive on 5-23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	1 yr
General arteriosclerosis	1 yr
Due to Influenza	1 ch
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? — (Specify type of place)

While at work? (e) Means of injury —

23. Signature Howard Judicil (M. D. or other) (M D)

Address Hannibal Mo Date signed 5-28 41

(Licensed Embalmer's Statement on Reverse Side)

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 Ray P. Schwartz, Registered Apprentice No. ..... working under my personal supervision.

Signed Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address Hannibal M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.