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FILED JUL 15 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22317

State File No. _____

Registration District No. 609

Primary Registration District No. 5808

Registrar's No. 59

1. PLACE OF DEATH:

(a) County. NEWTON MO

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

(c) Name of hospital or institution:
SCENIC ROUTE - 1
(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

3. (a) PRINT FULL NAME JAMES EARL WARREN

3. (b) If veteran, name war. L

3. (c) Social Security No. L

4. Sex. MALE 5. Color or race. White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. MAY 9 1923
(Month) (Day) (Year)

8. AGE: Years 18 Months - Days 18 If less than one day hr. _____ min.

9. Birthplace. JASPER Co MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation. _____

11. Industry or business. STUDENT

12. Name. ALVIN WARREN

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

14. Maiden name. LOUISA RANSOM

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

16. (a) Informant. Alvin Warren

(b) Address. NEOSHO MO RT 1

17. (a) BURIAL (b) Date thereof. MAY 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. KENNY CEMETERY

18. (a) Signature of funeral director. [Signature]

(b) Address. NEOSHO MISSOURI

19. (a) 6-11-41 (b) Chas. Salas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. NEWTON MO

(c) City or town. NEOSHO RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27
year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I last saw him dead on May 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death accidentally Drowned

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 2 1/2

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). ACCIDENT

(b) Date of occurrence. MAY 27 1941 A.D.

(c) Where did injury occur? NEOSHO NEWTON MISSOURI
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? IN SHARK CREEK 5 MI. N. NEOSHO
(Specify type of place)

While at work? No (e) Means of injury Coroner

23. Signature. J. P. Reynolds (M.D. or other)
Address NEOSHO MISSOURI Date signed 6-9

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

510 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 741-1079

Date Filed Jul 11 1941

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

Donald Reed

, Registered Apprentice No. 207

working under my personal supervision.

Signed

J. B. Bingham

Licensed Embalmer No. 2689

P. O. Address Reeds Me

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.