

FILED DEC 12 1941
Registration District No. **184**

Primary Registration District No. **4888**

1. PLACE OF DEATH:
(a) County **Pemiscot**
(b) City or town **Caruthersville**
(c) Name of hospital or institution: **Home**
(d) Length of stay: In hospital or institution _____
In this community **Life Time**

3. (a) PRINT FULL NAME **Ellis Warren**
3. (b) If veteran, name war. **X**
3. (c) Social Security No. **X**

4. Sex **Male**
5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **August 8 1940**

8. AGE: Years **I** Months **2** Days **27**
If less than one day **X** hr. **X** min.

9. Birthplace **Caruthersville, Missouri**

10. Usual occupation **X**
11. Industry or business **X**

MOTHER FATHER { 12. Name **John Warren**
13. Birthplace **Alabama**
14. Maiden name **Jennie Beard**
15. Birthplace **Charleston, Missouri**

16. (a) Informant **John Warren**
(b) Address **Caruthersville, Mo.**
17. (a) **Burial** (b) Date thereof **II/6/41**
(c) Place: burial or cremation **Morgan Ridge Cemetery**

18. (a) Signature of funeral director **H. J. Smith**
(b) Address **Caruthersville, Missouri**
19. (a) **Nov 7, 1941** (b) **Ada Martin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pemiscot**
(c) City or town **Caruthersville**
(d) Street No. **E. 12th, St.**
(e) If foreign born, how long in U. S. A.? **X** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **5th**,
year **1941** hour **One** minute **Thirty** AM

21. I hereby certify that I attended the deceased from **Nov. 3 - 1941**, to **Nov. 5 - 1941**;
that I last saw him alive on **Nov. 5 - 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Dys-colitis**
Duration **10 days**

Due to _____
Due to _____

Other conditions **1190**
(Include pregnancy within 3 months of death)

Major findings: **1190**
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
23. Signature **J. R. Finigan** (M. D. or other) **D**
Address **Caruthersville, Mo.** Date signed **11-6-41**

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

12-41-19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

Body was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed James D. DeLeon
Licensed Embalmer No. 4185

P. O. Address Bartholomew, 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.