

Registration District No. 301

Primary Registration District No. 4804

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Linneus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXXXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXX
In this community XXXXXXXXX (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Olive Warren

3. (b) If veteran, name war XXXX 3. (c) Social Security No. XXXXXX

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

6. (b) Name of husband or wife John C. Warren 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased May 20 1877
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>64</u>	<u>7</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER
12. Name Barney Clapp
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Moffatt
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. C. Warren
(b) Address Linneus, Missouri

17. (a) Burial (b) Date thereof 12/26/1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elnwood Cemetery

18. (a) Signature of funeral director Marvin Hudt, Co.
(b) Address Linneus, Missouri

19. (a) 12-26-41 (b) Maud P. Webb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 058
(c) City or town Linneus
(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. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th
year 1941 hour 6 minute 15 a. M.

21. I hereby certify that I attended the deceased from May 1941 to Dec. 24 1941
that I last saw her alive on Dec. 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
Due to Carcinoma of colon

Due to _____
Other conditions (Include pregnancy within 3 months of death) H6 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) _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature D. B. Killis (M. D. or other) D.O
Address Linneus, Missouri Date signed 12/24

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..... *Alvin A. Taylor*.....
Licensed Embalmer No..... 3761.....
P. O. Address..... Linneus, Missouri.....

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.