S. No. 2
M—1-4-41
. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2765

Registration District No. 503 Primary Registration District No. 5669 Registrar's No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Meadville Parson Creek twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution x (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Meadville Rural Parson Creek twp
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Lee Warren

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex male

5. Color or race white

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

6. (b) Name of ~~husband~~ or wife Wife Hattie Warren

6. (c) Age of ~~husband or~~ wife if alive 71 years

7. Birth date of deceased Nov. (Month) 4 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	2	5	hr. min.

9. Birthplace Wheeling Liv Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Harris Warren
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Littrell
15. Birthplace Livingston Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Buel E Warren
(b) Address Chillicothe Mo.

17. (a) Burial Wheeling cem. (Burial, cremation, or removal) (b) Date thereof Jan 12 '42 (Month) (Day) (Year)
(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Missouri

19. (a) 1-12-42 (Date received local registrar) (b) E F Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 9
year 1942 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from JANUARY 4, 1942, to JANUARY 8, 1942;
that I last saw him alive on JANUARY 8, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia Cardiac insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 S. H. Hanson (M. D. or other) D.O.
Address Meadville Mo Date signed 1-10-42

(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 Frank L. Smiley, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 8470

P. O. Address Wheeling 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.