

S. No. 2
1-9.4-41
7-5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6070**

FILED MAR 8 1942
Registration District No. **27**

Primary Registration District No. **5131.5127**

Registrar's No. **56**

1. PLACE OF DEATH:
 (a) County **Butler**
 (b) City or town **Beaver Dam Township**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route #6, Poplar Bluff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Butler** **12**
 (c) City or town **Beaver Dam Township** **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Route #6, Poplar Bluff**
(If rural, give location)
 (e) Citizen of foreign country? **No** **0**
(Yes or No)
 If yes, name country.....

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb.** day **15**
 year **1942** hour **4:45** minute **P.** M.

4. Sex **Male** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Della Mae**
 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from **Jan 15**
 1942 to **Feb 15**, 1942
 that I last saw him alive on **4 ch. 8**, 1942
 and that death occurred on the date and hour stated above.

7. Birth date of deceased **July 15** **1875**
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
66 **7** **0**hr. min.

Immediate cause of death
Myocardial Failure **2 week**
Hypertensive heart disease **several**
 Due to **years**

9. Birthplace **Reynolds County** **Mo.**
(City, town, or county) (State or foreign country)

Due to.....
 Other conditions **93d**
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer, Odd jobs**
 11. Industry or business **Farm**

Major findings:
 Of operations.....
 Of autopsy **none**
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name **Unknown** **9**
 13. Birthplace **"** **"**
(City, town, or county) (State or foreign country)
 14. Maiden name **"** **"**
 15. Birthplace **"** **"**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Warren**
 (b) Address **Poplar Bluff, Mo.**
 17. (a) **Burial** (b) Date thereof **Feb. 17-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Kinsey**

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)

18. (a) Signature of funeral director **Greer Croy Service**
 (b) Address **Poplar Bluff, Missouri**
 19. (a) **2-19-42** (b) **Belle Kinne**
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)
 Means of injury.....
 23. Signature **A. F. Brooker** **md**
(M. D. or other)
 Address **Poplar Bluff** Date signed **2-17-42**

92 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office

District File Number

20921
342-846-

Date Filed

3-2-42

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.

NOT EMBALMED

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.