No. 2
1-4-41
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7180

Registration District No. FILED MAR 20 1942 7

Primary Registration District No. 4300

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Linn

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

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

(d) Length of stay: In hospital or institution — (Specify whether

In this community 22 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

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

(d) Street No. Milan Route # 5 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Iris Alexander Warren

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 July (Month) 19, (Day) 1919 (Year)

8. AGE: Years 22 Months 7 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Reger, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farming

11. Industry or business —

FATHER
12. Name Samuel Alex. Warren
13. Birthplace Reger, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Bertha M. Stevenson
15. Birthplace Reger (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Sam A. Warren

(b) Address Milan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3, 1942 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Schrock Cem. Reger

18. (a) Signature of funeral director Schoenes

(b) Address Milan, Mo. Frank D.

19. (a) Mar. 2, 1942 (Date received local registrar) (b) Mrs. Lila F. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1942 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from Jan 5, 1942, to ~~Feb~~ March 1, 1942; that I last saw him alive on Feb 28, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Disseminated Sclerosis & associated Conditions	
Due to: Amyotrophic Lateral Sclerosis & Hemiplegia	
~~Due to~~ Disseminated Sclerosis	6 weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 87d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. McArtor (M. D. or other)

Address Browning Mo Date signed 3/1/42

379
3-42

444 (Licensed Embalmer's Statement on Reverse Side)

MAR 23 1942

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 Frank D. Schoen

Licensed Embalmer No. # 2016

P. O. Address Milan, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.