V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1942

Registration District No. 1098

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10519

Primary Registration District No. 1098

Registrar's No.

1. PLACE OF DEATH:
(a) County: CHARITON
(b) City or town: BRUNSWICK
(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: 1 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CHARITON 021
(c) City or town: DALTON, "RURAL" 0
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: W. HARRY WARREN
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: MALE 0
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: LUVENA WARREN
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: DECEMBER (Month) 28TH. (Day) 1885 (Year)
8. AGE: Years 56 Months 2 Days 29 If less than one day hr. min.
9. Birthplace: BRUNSWICK (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business:
12. Name: Wm. WARREN
13. Birthplace: KENTUCKY (State or foreign country)
14. Maiden name: LOUISA BARRINGER
15. Birthplace: NEW JERSEY (State or foreign country)
16. (a) Informant: MRS. W. H. WARREN
(b) Address: DALTON? MISSOURI.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 3-29-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: BRUNSWICK, MISSOURI
18. (a) Signature of funeral director: L. W. Heisel
(b) Address: BRUNSWICK, MISSOURI
19. (a) March 7 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27TH. year 1942 hour minute M.
21. I hereby certify that I attended the deceased from Mar. 24 1942 to Mar 27 1942 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute pulmonary embolism	
Due to: pulmonary Edema	12 hrs
Due to: Chronic Coronary endarteritis	3 yrs?
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none	
Of autopsy: none	

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: Harry E. Tatum (M. D. or other) 0
Address: Brunswick Mo. Date signed: 3/25/42

1024 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 4-13-42

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.

Signed L W Meisel

Licensed Embalmer No. 822

P. O. Address Brunswick 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.