

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 15 1942 837
Registration District No. _____

Primary Registration District No. 6099

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Liberty Twp.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 105
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty Twp.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Doyle Warren

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

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

6. (b) Name of husband or wife May Warren 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug. 14, 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Columbus Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Doyle Warren

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Florence Claire
(City, town, or county) (State or foreign country)

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Pat Warren

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 6-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden, Mo.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter Mo.

19. (a) June 20, 1942 (b) Paul Cluore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 12
year 1942 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from 3/20, 1942 to 6-12-, 1942
that I last saw him alive on 6-12-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
followed by renal and pulmonary
Due to _____
Other conditions ✓
(Include pregnancy within 3 months of death)
Major findings: 330
Of operations ✓
Of autopsy NO

Duration

3 1/2 Mo

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 J. S. Cluore (M. D. or other) _____

Address Dexter Mo. Date signed 6-13-42

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

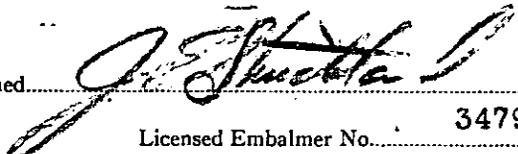
District File Number 742-862

Date Filed JUL 13 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.....

..... J. E. Strickland, Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.