V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 290 Primary Registration District No. ~~5983~~ 4427 Registrar's No. 119

85
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 Mo (b) County Pulaski 85
(c) City or town Richland Mo. 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 JAMES ALpha WARREN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Warren
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Nov (Month) 19 (Day) 1883 (Year)

8. AGE: Years 59 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Richland (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Realestate
FATHER
12. Name James A Warren
13. Birthplace Richland (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Cora Cowan
15. Birthplace Pea Ridge (City, town, or county) Ark (State or foreign country)
16. (a) Informant Robert Warren
(b) Address Richland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director R B Tuper
(b) Address Richland Mo.
19. (a) 11-21-1942 (Date received local registrar) (b) Chas M Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1942 hour between 11 P.M. Nov 3 and 1:00 A.M. Nov 4 1942 minute M.
21. I hereby certify that I attended the deceased from Never, 19, to, 19;
that I last saw him alive on never, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Miscarried & crushed brain

Due to Felony

Due to

167

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

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) homicide
(b) Date of occurrence between 11 P.M. 11-3-42 & 1 A.M. 11-4-42
(c) Where did injury occur? in Co. Jail Waynesville Pulaski Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place (Specify type of place)
While at work? (e) Means of injury sharp bottle
23. Signature C. Mallette Coroner (M. D. or other)
Address Crocker, Mo. Date signed 11-7-42

1110 (Licensed Embalmer's Statement on Reverse Side)

#1

JAN 11 1943
RECEIVED
Pulaski County Health Officer
File Number 12-42-207
Date Filed 12-4-42

DEC 8 1943

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 R B Jeffers

Licensed Embalmer No. 3198

P. O. Address Richmond

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.