

18690

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No.

FILED JUN 5 1943

Registration District No. ... 274

Primary Registration District No. ... 5927

1. PLACE OF DEATH:

(a) County: Pettis
(b) City or town: Green Ridge (Rural)
(c) Name of hospital or institution: Green Ridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 22 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: CHARLES EARL 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~~ wife: Alta Warren 6. (c) Age of ~~husband~~ wife if alive: 54 years
7. Birth date of deceased: Mar. 1 1881 (Month) (Day) (Year)

8. AGE: Years: 62 Months: 2 Days: 16 If less than one day hr. min.

9. Birthplace: Manila, Pettis Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Mechanic of Machine work

11. Industry or business: Thrashing machine operator

12. Name: J. T. Warren

13. Birthplace: Clark county, Kent. 1 (City, town, or county) (State or foreign country)

14. Maiden name: Franklin Woolery

15. Birthplace: Pettis county Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Chas. E. Warren

(b) Address: Green Ridge Mo.

17. (a) Burial (b) Date thereof: May 20, 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Green Ridge Cemetery

18. (a) Signature of funeral director: Geo. R. Kelley

(b) Address: Green Ridge Mo.

19. (a) May-28-43 (b) Mrs. Anna Berger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Pettis
(c) City or town: Green Ridge (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1942, to May 17, 1943 that I last saw him alive on May 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial disease Duration 6 mos

Due to: Chronic Arthritis

Due to: Arteriosclerosis, Hypertension

Other conditions: Arteriosclerosis, Hypertension (Include pregnancy within 3 months of death)

Major findings: 93d

Of operations: 93d

Of autopsy: 93d

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) (a) Means of injury: 0

23. Signature: H. A. Hite (M. D. or other) M.D.

Address: Green Ridge Mo. Date signed: 5/18/43

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

RECEIVED

District Health Officer No. 8;

District File Number

Date Filed 6-1-43

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 Elmer E. Atack

Licensed Embalmer No. 4043

P. O. Address Sum Ridge, 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.