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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21758

State File No.

Registration District No. FILED JUN 21 1943

Primary Registration District No. 4264

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Conway
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53 0

(c) City or town Conway 0
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JOEL FRANKLIN WARREN

3. (b) If veteran, name war

3. (c) Social Security No. 497-22-4794

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Emma Warren

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 23 (Day) 1870 (Year)

8. AGE: Years 72 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Laclede Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Henry E. Warren
13. Birthplace Tenn. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Martha A. Johnson
15. Birthplace Tenn. (City, town, or county) / (State or foreign country)

16. (a) Informant Lou Warren
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 26 (Day) 1943 (Year)
(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director W.E. Holman
(b) Address Lebanon Mo.

19. (a) Jun 4-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec, 1942 to 5-23, 1943 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pecoralis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

94 P

Major findings:
Of operations

Of autopsy

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)

(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.W. Lindsay (M. D. or other)
Address Conway Mo. Date signed 6-1-43

1090

(Licensed Embalmer's Statement on Reverse Side)

Received JUN 4 1943
Laclede County Health Unit
File No. 5-43-72
Date Filed JUN 15 1943

JUN 15 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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.