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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

Registration District No. 60

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6849

Primary Registration District No. 4106

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Jerico Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 20

(a) State Missouri (b) County Cedar 0

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

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

(e) Citizen of foreign country? ..... (~~Yes~~ or No)

If yes, name country X 0

3. (a) PRINT FULL NAME EARL GLEN WARREN

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color or race 0 W

6. (a) Single, widowed, married, divorced 0 S

6. (b) Name of husband or wife X

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

7. Birth date of deceased April 9th. 1929
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	14	9	5	..... hr. ..... min.

9. Birthplace Farmington, N.M. /
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business X

FATHER
12. Name Glen Warren
13. Birthplace Farmington, N.M. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lelia Cunningham
15. Birthplace Dade Co. Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lelia Potts
(b) Address Jerico Springs, Mo.

17. (a) Burial (b) Date thereof 1/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethleham

18. (a) Signature of funeral director Church + Neale
(b) Address Stockton, Mo.

19. (a) Feb 23, 1944 (b) J. B. Schoen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 44 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12-1-, 1943 to 12-11, 1943
that I last saw him alive on 12-11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nonspecific Dysentery (undetermined)	1 month
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 27C
Of autopsy

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 0

23. Signature Wm B Richter (M. D. or other)
Address Stockton, Mo. Date signed 1-15-44

156

(Licensed Embalmer's Statement on Reverse Side)

Officer No. 7,

Number 2-44-224

Date Filed 3-7-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.