

**FILED** APR 4 1946  
Registration District No. 290

Primary Registration District No. 31

State File No. 11814A

Registrar's No. 31-

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Nixon  
(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)

3. (a) PRINT FULL NAME Forreth W Woyen

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

7. Birth date of deceased Nov 11 - 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 4 14 hr. min.

9. Birthplace Reckland Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business

12. Name Jacob Warren

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

14. Maiden name Corra Cowan

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

16. (a) Informant Grace Warren

(b) Address Nixon Mo

17. (a) Burial (b) Date thereof 3-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R. B. Cooper

(b) Address Reckland Mo

19. (a) 4-1-46 (b) Forreth W. Woyen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski  
(c) City or town Nixon Mo  
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6th  
year 1944 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration.....

Due to Coronary Arteriosclerosis

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... 928

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. A. Cooper (M. D. or other).....

Address Nixon Mo Date signed 3/4/44

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

23

MAY 26 1947

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.....

Licensed Embalmer No. *3198*

P.O. Address *Fishland Md*

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.