

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24490
Registrar's No. 163

FILED JUL 29 1944

Registration District No. 77 Primary Registration District No. 3016

1. PLACE OF DEATH
(a) County Cole
(b) City or town Jefferson City, Mo
(c) Name of hospital or institution:
1006 E. Miller St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY ELIZABETH WARREN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 17 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 23 If less than one day (hr. min.)
(77)

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Brown
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Carolyn Ramsey

(b) Address 1006 E. Miller

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-44
(Month) (Day) (Year)

(c) Place: burial or cremation Longview Cem.

18. (a) Signature of funeral director Fisher Service

(b) Address 700 Jefferson St.

19. (a) July 13-44 (b) Thomas Richter (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No. 1006 E. Miller (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1944 hour _____ minute 9 A. M.
21. I hereby certify that I attended the deceased from Apr 8 1944 to July 10 1944
that I last saw her alive on July 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Due to Senility

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 107
Of operations _____
Of autopsy _____

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 James A. Well (M. D. or other)
Address Jefferson City, Mo Date signed 7-13-44

Duration 6 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16
15
4

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

139
8/2/44

Permit Signed by Dr. James A. Well (Licensed Embalmer's Statement on Reverse Side)

AUG 12 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

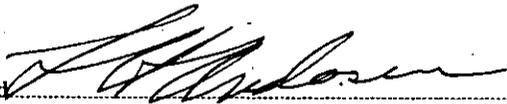
Date Filed 7-27-44

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



Licensed Embalmer No.

3641

P. O. Address

[Handwritten address]

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.