S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25067

State File No.

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 99

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 82 days (Specify whether
In this community 82 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County

(c) City or town South Kinloch 96
(If outside city or town limits, write "RURAL")

(d) Street No. Washington Ave. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jesse WARR

3. (b) If veteran, name war no

3. (c) Social Security No. 495-12-4370

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife Savannah Warr

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April (Month) 5 (Day) 1895 (Year)

8. AGE: Years 49 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Holly Grove (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Charlie Warr
13. Birthplace unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Henrietta Jacob
15. Birthplace unknown (City, town, or county) Ark. (State or foreign country)

16. (a) Informant E. M. Michael Record Clerk
(b) Address Mo State San Mt Vernon

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July (Month) 14 (Day) 1944 (Year)
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director H. D. Fossett
(b) Address Mt. Vernon Mo.

19. (a) 7/20/44 (Date received local registrar) (b) Audy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1944 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 23, 1944, to July 13, 1944
that I last saw him alive on July 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	over 6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 fl

Major findings:
Of operations
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

23. Signature Esther E. Coffman (M. D. [redacted])
Address Mount Vernon Mo. Date signed 7-13-44

1338 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 744 823
Date Filed JUL 25 1944

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, Ill

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.