

FILED NOV 10 1944

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 261

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Laughlin Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community Life 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Kirksville
 (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 William Willard Warbritton
 (b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 4
 year 1944 hour 6:30 minute 0 M.

4. Sex Male 0 5. Color or race White 0
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 3 1944
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 3, 1944, 1944 to October 7, 1944, that I last saw him alive on October 4, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 1
 If less than one day hr. _____ min. _____

Immediate cause of death Pulmonary atelectasis.
 Due to Podalic version and breech extraction transverse presentation
 Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace Kirksville 0 Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Infant

Major findings: 1600
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Wm. W. Warbritton
 13. Birthplace Sherman 1 Texas
 (City, town, or county) (State or foreign country)
 14. Maiden name Mildred Furry
 15. Birthplace New Bloomfield, Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. W. Warbritton
 (b) Address Kirkville, Mo.
 17. (a) Burial (b) Date thereof 10/7/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Bloomfield, Mo.
 18. (a) Signature of funeral director Forkley
 (b) Address Kirkville, Missouri
 19. (a) 10-6-44 (b) B. W. Wayne
 (Date received local registrar) (Registrar's signature)

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 Mildred Furry (M.D. or other) 20
 Address Kirkville Date signed 10-6-44

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

RECEIVED

District Health Officer No. 10

District File Number 11-44-1800

Date Filed NOV 7 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 D. E. Kelly

Licensed Embalmer No. 4181

P. O. Address Kirkville 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.