

FILED JAN 19 1945
99

State File No. _____
Registrar's No. 255

Registration District No. _____ Primary Registration District No. ~~5377~~ 4168

1. PLACE OF DEATH:
(a) County De Kalb
(b) City or town Maysville
(c) Name of hospital or institution: home
(d) Length of stay: In hospital or institution _____
In this community ~~for~~ 18 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County De Kalb
(c) City or town Maysville
(d) Street No. _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec, day 31st, year 1944, hour 7, minute 0, M.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, widau
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 29, 1863 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 25, 1944 to death 1944 that I last saw him alive on Dec 25, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 81, Months 8, Days 2, If less than one day hr. min.

Immediate cause of death: Myocardial insufficiency sudden
Due to Cardio-nephritis 5 yrs.

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

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

10. Usual occupation Farmer

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

11. Industry or business _____

12. Name Mrs. Warren

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

14. Maiden name Mrs. Warren

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

16. (a) Informant Chas. Hutton
(b) Address Maysville Mo

17. (a) Burial (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Owensville Mo

18. (a) Signature of funeral director John Brown
(b) Address Maysville Mo

19. (a) Jan 8 - 45 (b) John Clarke (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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
21. Signature _____ (M. D. or other)
Address Maysville Date signed 1/1/45

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

MOTHER FATHER

1578

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..... *John B. Crane*

Licensed Embalmer No. *3933*

P. O. Address *Maple Hill, 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.