V. S. No. 2
00M—2-43
ev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10478

State File No.

Registration District No. 290

Primary Registration District No. 4431

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Dixon
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Dixon
(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

3. (a) PRINT FULL NAME Cora Martha Warren

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 5 (Month) 3 (Day) 1857 (Year)

8. AGE: Years 87 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Leonadis Cowan
13. Birthplace Bentonville (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Martha Stroud
15. Birthplace Bentonville (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Mrs. Maude E. Bailey
(b) Address Dixon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Richland, Missouri

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri

19. (a) 3-2-1945 (Date received local registrar) (b) Chas M Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
year 1945 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from January 16, 1945 to Feb. 25, 1945; that I last saw her alive on February 25, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Organic Valvular Heart disease	
Due to Senility, without dementia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92a

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 Dr. K. W. Milligan (M. D. or other) D.O.
Address Dixon Mo. Date signed 2/28/45

1170

(Licensed Embalmer's Statement on Reverse Side)

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 .....

12/25 - 1945 ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Fred A Gillum

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.