

Registration District No. 77

Primary Registration District No. 5-293

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Rural Atchison Twp
(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 Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES - B - WREN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (b) Name of husband or wife Leona Wren
7. Birth date of deceased Sept 11 1853

6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 85 years

8. AGE: Years 89 Months 6 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Bancharanta Missouri

10. Usual occupation Farming

11. Industry or business _____

12. Name Benjamin Wren
13. Birthplace Kentucky
14. Maiden name Leona Figgel
15. Birthplace Adair Co. Kentucky

16. (a) Informant Minnie Wren
(b) Address Gower Mo

17. (a) Burial (b) Date thereof March 18 1945
(c) Place: burial or cremation Allen Cemetery

18. (a) Signature of funeral director H. A. Gullins
(b) Address Gower Mo

19. (a) 3-220-45 (b) Mrs C Hardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1945 hour 1:30 minute _____ M. _____

21. I hereby certify that I attended the deceased from 3-12 to 3-17 1945 that I last saw him alive on 3-12 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardite

Due to _____

Due to _____

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

Major findings: Of operations 932

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? _____

(Specify type of place) _____ (e) Means of injury _____

Signature J. E. Sears (M. D. or other) _____
Address Gower Mo Date signed 3/24

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5
0
2

25

7085

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.....

H. A. Sullivan

Licensed Embalmer No.....

1738

P. O. Address.....

Gower 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.