S. No. 2
4—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

Registration District No. 292

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14342

Primary Registration District No. 6001

Registrar's No.

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town Rural Saline Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Huntington Mo R.I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 61 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Huntington; R I
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard Pemberton Warren
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie C
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July (Month) I4 (Day) I866 (Year)

8. AGE: Years 78 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name William Warren
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Jennie Pemberton
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Nellie C Warren
(b) Address Huntington Mo R 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Cemetery Perry Mo
18. (a) Signature of funeral director Wilson Sons
(b) Address Monroe City Mo
19. (a) Apr 21-45 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day I9th year I945 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from April I8, 19 45 to April I9, 19 45 that I last saw him alive on April I8, 19 45 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	48 hrs
Due to: unknown	
Due to: unknown	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 C. H. Brooks (M. D. or other) DO
Address Center, Mo Date signed 4-21-45

(Licensed Embalmer's Statement on Reverse Side)

1193

RECEIVED
District Health Officer No. 10
District File Number 5-45-221
Date Filed MAY 10 1945

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 By me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lucien L. Dillon

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.