V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1945

24025

State File No. 24025

Registration District No. 128 Primary Registration District No. 1000 Registrar's No. 597

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 663 Mitchell
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 663 Mitchell
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Otis E. Warren

3. (b) If veteran, name war: No

3. (c) Social Security No. 500-05-1882

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Maggie Warren

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

7. Birth date of deceased: July (Month) 9, (Day) 1884 (Year)

8. AGE: Years 61 Months 0 Days 21 If less than one day hr. min.

9. Birthplace: Bowling Green (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Drill Press

11. Industry or business: Reynolds Mfg. Co.

MOTHER FATHER

12. Name: Enoch Warren

13. Birthplace: UNK. (City, town, or county) Kentucky (State or foreign country)

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. Maggie Warren

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-5-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Highlandville, Mo.

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 7-31-45 (Date received local registrar) (b) E W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1945 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Unattended to by physician that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Probably coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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: E W Handley (M. D. or other) Local Reg.

Address: Springfield Mo Date signed 7/31/45

(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 Roy H Mercer Jr., Registered Apprentice No. 380, working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.