

FILED AUG 9 1945

STANDARD CERTIFICATE OF DEATH

State File No.

182

Registration District No.

Primary Registration District No.

5927

Registrar's No.

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Rural - Greenridge Township**
(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 **2 years**
years, months or days

3. (a) PRINT FULL NAME **Stabley Davis Warren**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Thelma Jackson** 6. (c) Age of husband or wife if alive **35** years
7. Birth date of deceased **March 7, 1908**
(Month) (Day) (Year)

8. AGE: Years **37** Months **4** Days **4** If less than one day hr. min.

9. Birthplace **Linn Creek, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **William Warren**

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

14. Maiden name **Francis Roberts**

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

16. (a) Informant **Bob Warren**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **July 13, '45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Macks Creek, Mo.**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Mo.**

19. (a) **7-12-45** (b) **Missouri**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Rural-Greenridge Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **Greenridge Township**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11**
year **1945** hour **4:30** minute **P** M.

21. I hereby certify that I attended the deceased from **July 11, 1945**, to **July 11, 1945**,
that I last saw him alive on **July 11, 1945**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Temporal Fracture of skull**

Due to **Tractor Turning over on him**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **170 28**

Of autopsy **Temporal Fracture of skull**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **July 11, 1945**

(c) Where did injury occur? **Pettis Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Farm (Specify type of place)

While at work? **Yes** (e) Means of injury **Tractor Turned**

23. Signature **Dr. H. L. Holden** (M.D. or other) **Dr.**

Address **329 Elgon Fritz Bldg** Date signed **7/11/45**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-7-48

AUG 27 1950

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

E. M. Keston

Licensed Embalmer No.

3391

P. O. Address

Windsor, 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.