

**FILED** NOV 6 1945

Registration District No. **155**

Primary Registration District No. **5579**

**1. PLACE OF DEATH:**

(a) County Jasper  
(b) City or town Mineral Spring  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jasper Co TB Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 402 No Webb St  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME George A Warrn

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

4. Sex male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Jan 11 1892  
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 23  
If less than one day hr. min.

9. Birthplace St Francois Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

12. Name Paul Warrn

13. Birthplace Peoria Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Ruth

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

16. (a) Informant Record  
(b) Address

17. (a) **BURIAL** (b) Date thereof OCT 5 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ORONOGO CEMETARY  
HEDGE-LEWIS FUNERAL HOME  
(d) Signature of funeral director  
(e) Address WEBB CITY, MO

19. (a) OCT 4 45 (b) D.L. Fitchett MD  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 3  
year 1945 hour 3 minute 15 a M.

21. I hereby certify that I attended the deceased from Sept 22, 1944, to Oct 3, 1945,  
that I last saw him alive on Oct 1, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis  
Silicosis  
Duration

Due to  
Due to

Other conditions (include pregnancy within 3 months of death)  
13 1/2

Major findings:  
Of operations  
Of autopsy  
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 Miss E. Daughlin (M. D. or ~~other~~)  
Address Webb City Mo Date signed 10/4/45

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

MOTHER FATHER

FEB 19 1959

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

*Richard Gray Lewis*

Registered Apprentice No. *365*

working under my personal supervision.

Signed

*E. D. Hedley*

Licensed Embalmer No. *2859*

P. O. Address

*Hebbly, W*

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.