

S. No. 2  
OM-5-43  
V. 5-17-39  
I X36671

**FILED SEP 25 1946**  
Registration District No. **107**

Primary Registration District No. **307-9-5422**

Registrar's No. **169**

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

**1. PLACE OF DEATH:**  
 (a) County: **Dunklin**  
 (b) City or town: **Kennett - Rural - Indp. Twp.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **None**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: **None**  
 In this community: **56 years**  
 years, months or days (Specify whether)

**3. (a) PRINT FULL NAME:** **Sarah Catherine (Cassie) WARREN**  
**3. (b) If veteran, name war:** **None**  
**3. (c) Social Security No.:** **NO**

**4. Sex:** **Female**  
**5. Color or race:** **white**  
**6. (a) Single, widowed, married, divorced:** **2**  
**6. (b) Name of husband or wife:** **Lee WARREN**  
**6. (c) Age of husband or wife if alive:** \_\_\_\_\_ years  
**7. Birth date of deceased:** **Feb. 26 1875**  
 (Month) (Day) (Year)

**8. AGE:**  
 Years: **71** Months: **6** Days: **16**  
 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace:** **Dollinger County Mo.**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation:** **housewife**

**11. Industry or business:** **home**

**12. Name:** **C.C. Stalter**

**13. Birthplace:** **Pollinger County MO.**  
 (City, town, or county) (State or foreign country)

**14. Maiden name:** **Sarah Cook**

**15. Birthplace:** **Dollinger County MO.**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant:** **Mrs. Minnie Horner**

**(b) Address:** **Kennett, MO**

**17. (a) Burial, cremation, or removal:** **Burial**  
**(b) Date thereof:** **9-14-1946**  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation:** **Oak Ridge**

**18. (a) Signature of funeral director:** **Paul Salzman**

**(b) Address:** **Kennett MO.**

**19. (a) 9-20-1946 (b) Carl Hubbard**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State: **Missouri** (b) County: **Dunklin**  
 (c) City or town: **Kennett - Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country: \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Sept.** day **12th**  
 year **1946** hour **2:30** minute **P.** M.

**21. I hereby certify that I attended the deceased from:** **4-1 1946** to **9-12 1946**  
 that I last saw her alive on **Sept 12 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **coronary occlusion**  
 Due to: **Hypertensive Heart Disease**  
 Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations: **930**  
 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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: **1**

**23. Signature:** **Quinton James** (M. D. or other) **MD**  
**Address:** **Kennett, MO** **Date signed:** **9-13-46**

**Duration**  
**8 hrs.**  
**3 yrs.**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 946-1147

Date Filed 9-24-46

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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.....

Herbert Lemonda....., Registered Apprentice No. 415  
working under my personal supervision.

Signed A. B. Salzman.....

Licensed Embalmer No. 2556.....

P. O. Address Kennett, 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.