No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30808

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 83

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
Warrensburg Hospital & Clinic Inc.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Months years, months or days)

2. USUAL RESIDENCE OF DEASCED:
(a) State Missouri (b) County Henery 42
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rfd 6 Clinton Mo 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Cyrus Virgil Warren
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Maried
6. (b) Name of husband or wife Rosie Estelle Warren
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept (Month) 27 (Day) 1881 (Year)

8. AGE: Years 65 Months 0 Days 18 If less than one day hr. min.

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

FATHER
12. Name James T. Warren 0
13. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lidia M Fisher
15. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Rosie Estelle Warren
(b) Address RFD. 6 Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.
19. (a) Sept. 16, 1946 (Date received local registrar) (b) Savannah Crutchfield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1946 hour 3 minute 45 A. M.
21. I hereby certify that I attended the deceased from July 1946, to Sept 14 1946 that I last saw him alive on 9-14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	2 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Bilateral Bronchopneumonia	2 wks

Major findings:
Of operations
Of autopsy 94P

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 0

23. Signature R. Lee Cooper (M. D. or other) MD
Address Warrensburg Mo. Date signed 9-15-46

147 (Licensed Embalmer's Statement on Reverse Side)

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

29680

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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.....

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

working under my personal supervision.

Signed J. Earl Priest.

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.