

FILED DEC 23 1946

Registration District No. 13

Primary Registration District No. 5489

Registrar's No. 113

1. PLACE OF DEATH:

- (a) County Harrison
 (b) City or town Clinton Sugar Creek Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 In this community 25 years _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME WILBURLOYD WARREN

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 Mrs Beulah Warren 6. (c) Age of husband or wife if
 alive 49 years
 7. Birth date of deceased July 31 1888
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 1 29 hr. _____ min. _____

9. Birthplace Trenton Mo. Rural
 (City, town, or county) (State or foreign country)

10. Usual occupation Practicing Physician M.D.

11. Industry or business Farming

12. Name Charles A. Warren

13. Birthplace Trenton Mo. Rural
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Beulah Warren

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

16. (a) Informant Mrs Beulah Warren

- (b) Address Clinton City, Mo.

17. (a) Burial (b) Date thereof Oct 31 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Clinton Cemetery

18. (a) Signature of funeral director W. W. Hames

- (b) Address Clinton City, Mo.

19. (a) 12-20-46 (b) John B. Burrell (by Hook)
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Harrison
 (c) City or town Clinton Sugar Creek
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1st
1945 to Oct 29th 1946
 that I last saw him alive on Oct 25th 1946
 and that death occurred on the date and hour stated above.

- Immediate cause of death Chronic myocarditis 2 years
 Duration _____
 Due to Do not know

- Due to _____

- Other conditions: _____
 (Include pregnancy within 3 months of death)

- 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?

- While at work? _____ (Specify type of place)
 (a) Means of injury _____

23. Signature Oliver F. Duffy (M. D. or other) M.D.
 Address Trenton Mo Date signed Nov 19 1946

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.....

W.D. Haines

working under my personal supervision.

Signed.....

W.D. Haines

Licensed Embalmer No. *942*

P. O. Address *Jackson City 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.