

3. No. 2  
A-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 380  
Registrar's No. 6

FILED JAN 23 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. 3007

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Brandon Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME John Wesley 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, Widowed

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

7. Birth date of deceased Sept. 12, 1881  
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Waverley Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

12. Name Jacob Warren

13. Birthplace Waverley Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dailey

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

16. (a) Informant Bertha Warren  
(b) Address Fisk, Mo.

17. (a) Burial (b) Date thereof Jan. 3, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Hill Cemetery.

18. (a) Signature of funeral director Watkins Funeral Ser  
(b) Address Dexter, Mo.

19. (a) 1-9-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler  
(c) City or town Fisk  
(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 Jan. day 1 year 1947 hour 8 minute 47 A.M.

21. I hereby certify that I attended the deceased from Nov. 6th. 1946 to Jan. 1st., 1947 and that I last saw him alive on January 1st., 1947 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Endocarditis  
Due to \_\_\_\_\_  
Myocarditis  
Due to \_\_\_\_\_  
Bronchial Asthma  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
92E  
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) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed 1/3/47

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

MOTHER FATHER

MAR 3 1947

RECEIVED

District Health Office No. 2,

District File Number 147-89

Date Filed 1-20-47

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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..... Lynna Steele.....

Licensed Embalmer No. 2476.....

P. O. Address..... Wester 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.**