No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

Registration District No. 344

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7590

Primary Registration District No. 6162

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Reeds Spring Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104

(c) City or town Reeds Spring Mo
(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 .....

3. (a) PRINT FULL NAME Unnamed

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

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Mch (Month) 1 (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. 10 min.

9. Birthplace Reeds Spring Mo (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Howard Warren
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Zelfa Trigg
15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant Howard Warren
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 2/1947 (Month) (Day) (Year)
(c) Place: burial or cremation On Trigg farm

18. (a) Signature of funeral director A R Trigg Lacey
(b) Address Reeds Spring Mo

19. (a) 3-8-1947 (Date received local registrar) (b) Myrtle Gofourth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch 1 day 1947
year ..... hour 5 minute 25 A M.

21. I hereby certify that I attended the deceased from Mch 1 1947 ....., 19.... to Mch 1, 1947
that I last saw him alive on Mch 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth due

Due to Placenta Previa

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 5
Of autopsy

Duration

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 L S Shumate (M. D. or other) M.D.

Address Reeds Spring Mo Date signed 3/1/47

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.