

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8543

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Franklin Co.
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 da
(Specify whether years, months or days) XX. 50 yrs.

3. (a) PRINT FULL NAME

HENRY WARREN

3. (b) If veteran,

name war. no

3. (c) Social Security

No. no

4. Sex Male 5. Color or race White
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased Jan. 29, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 29 hr. min.

9. Birthplace not known Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad section hand

11. Industry or business

12. Name James Warren
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name not known 7
15. Birthplace not known 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jas. Luter
(b) Address Washington Mo.

17. (a) Buried (b) Date thereof 3, 30, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labadie Mo.

18. (a) Signature of funeral director Chas. R. Co.

(b) Address Washington Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin
(c) City or town Labadie
(If outside city or town limits, write "RURAL")
(d) Street No. rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1947 hour 7:55 minute P M.

21. I hereby certify that I attended the deceased from Mar 21, 1947, to Mar 28, 1947;
that I last saw him alive on Mar 28, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy 24 hrs.

Due to Hypertension 9

Due to

Other conditions Broncho pneumonia 7 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations g3 P
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) (c) Means of injury

23. Signature Frank J. Mays (M. D. or other) M.D.
Address 311 or 4th, Washington Mo. Date signed 3-29-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 10 1947

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.....

Maurice H. Williams, Registered Apprentice No. 442,
working under my personal supervision.

Signed.....[Signature]

Licensed Embalmer No. 2464

P. O. Address Washington 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.