V. S. No. 2
DM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13045

Registration District No. 114 — Primary Registration District No. 486 — Registrar's No. 7

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town SULLIVAN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NORTHSIDE Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 HOURS (Specify whether
In this community ALL HIS LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County FRANKLIN 36
(c) City or town SULLIVAN 4 (If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME ROBERT WARFIELD

3. (b) If veteran, name war NONE

3. (c) Social Security No. None

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife ELIZABET WARFIELD

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

7. Birth date of deceased NOV (Month) 15 (Day) 1877 (Year)

8. AGE: Years 69 | Months 5 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace SULLIVAN (City, town, or county) MO. (State or foreign country) 5

10. Usual occupation LIVERY

11. Industry or business LIVERY — retired

FATHER
12. Name GEORGE N. WARFIELD
13. Birthplace UNKNOWN (City, town, or county) ... (State or foreign country) 9

MOTHER
14. Maiden name MARTHA J. —
15. Birthplace UNKNOWN (City, town, or county) ... (State or foreign country) 9

16. (a) Informant J. Williams
(b) Address Sullivan Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 10 1947 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. CEM. Sullivan Mo

18. (a) Signature of funeral director J. J. Williams
(b) Address 347 N. CLARK SULLIVAN, MO.

19. (a) 4-10-47 (Date received local registrar) (b) C A Dunstan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 9
year 47 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-3 1947 to 4-7 1947
that I last saw h— alive on 4-6 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	4 Days
Due to: Influenza	10 Days
Due to:	
Other conditions (Include pregnancy within 3 months of death): h3 3 p	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. A. Dunstan (M. D. or other)
Address Sullivan Mo Date signed 4/10/47

97 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 4-21-47
Date Filed

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 Floyd W. Olson

Licensed Embalmer No. 4344

P. O. Address 347 N. CLARK, SULLIVAN

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.