-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 33546

FILED SEP 26 1947

Registration District No. 36

Primary Registration District No. 6244

Registrar's No.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Near Cadet Mo.
(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 Missouri (b) County Washington 10
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Cadet Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Archie W. Warren
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mary Warren
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Jan (Month) 27 (Day) 1908 (Year)

8. AGE: Years 39 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Potosi (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation None
11. Industry or business none

MOTHER FATHER
12. Name James Warren 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Filliman 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mary Warren
(b) Address Cadet Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Burial~~ Potosi Mo.
18. (a) Signature of funeral director Mrs. Luther Sparks
(b) Address Potosi Mo.
19. (a) Sept 26 47 (Date received local registrar) (b) Mrs. G.F. Cressville (Registrar's signature) 3 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1947 hour 10 minute 30 A.M.

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

Immediate cause of death Hemorrhage into abdomen following metastasis of Osteo-sarcoma spine
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 55 B

Duration

PHYSICIAN
Underline the cause of 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 G.F. Cunwell (M. D. or other)
Address Potosi Mo. Date signed 9/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1947

OCT 20 1947

RECEIVED

District Health Officer No. 4

District File Number 947-122

Date Filed 9-25-47

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.