

3. No. 2  
-12-45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33878  
Registrar's No. 327

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(c) Name of hospital or institution: St. Francis Hospital  
(d) Length of stay: In hospital or institution 5 days  
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
(c) City or town Portageville (Rural)  
(d) Street No. No  
(e) Citizen of foreign country? No

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. 19 day 19  
year 1947 hour 7:30 minute P. M.

4. Sex Male  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased January 19, 1898

21. I hereby certify that I attended the deceased from 10-17-47 to 10/19/47  
that I last saw him alive on 19  
and that death occurred on the date and hour stated above

8. AGE: Years 49 Months 9 Days 0  
If less than one day hr. min.

Immediate cause of death  
Due to D.I.S.  
Duration

9. Birthplace (Unknown) Georgia  
Usual occupation Laborer

Other conditions  
Major findings: Of operations 4.3 P.D.  
Of autopsy

MOTHER FATHER

11. Industry or business Unknown  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant (Judge) Albert Beis  
(b) Address New Madrid County Court, Mo.  
17. (a) Burial (b) Date thereof Oct. 20, 1947  
(c) Place: burial or cremation Fairmont Cemetery  
18. (a) Signature of funeral director F. J. Sparks  
(b) Address Cape Girardeau, Mo.  
19. (a) 10-22-47 (b) T. C. Summers

20. Signature (M. D. or other)  
Address Cape Girardeau Date signed 10/20/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 1047-1359

Date Filed 10-27-47

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.....

Daniel E. Hayes....., Registered Apprentice No. 58  
working under my personal supervision.

Signed Frank J. Sparks.....

Licensed Embalmer No. 3455.....

P. O. Address Cape Girardeau.....

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.