

No. 2  
12-45  
17-39  
X47070

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

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1947

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 185

**1. PLACE OF DEATH:**

(a) County Jasper

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

(c) Name of hospital or institution:  
Jane Chinn Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 80 yrs  
years, months or days)

**3. (a) PRINT FULL NAME** John Redmond Warren

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Male 0 **5. Color or** White **6. (a) Single, widowed, married,** Widowed  
race. **divorced.**

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased** October 24 1886  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>91</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

**9. Birthplace:** Williamson County, Ill.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Retired Ore Buyer

**11. Industry or business** \_\_\_\_\_

MOTHER FATHER

**12. Name** John R. Warren 9

**13. Birthplace** No Data 9  
(City, town, or county) (State or foreign country)

**14. Maiden name** No Data

**15. Birthplace** No Data 9  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Ray Warren (son)

**(b) Address** PURcell Mo.

**17. (a) Burial** 0 **(b) Date thereof** 12/9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Weaver Cemetery

**18. (a) Signature of funeral director** Hedge Lewis

**(b) Address** Webb City, Mo

**19. (a) DEC 9, 1947** **(b)** [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49

(c) City or town Neck City Mo. 5  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 000  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month December Day 6  
year 1947 hour 8 minute \_\_\_\_\_ A.M.

**21. I hereby certify that I attended the deceased from** March 12 1946, to Dec 6 1947,  
that I last saw h.i.m. alive on Dec 5 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocardial Failure 6 yrs.

Due to Chronic Hypocarditis yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 9 AD

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(d) Means of injury \_\_\_\_\_

**23. Signature** [Signature] (M. D. or other) Do.  
Address Webb, Mo Date signed 12-6-47

SEP 17 1958

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.....

*Leonard J. Lewis 2*, Registered Apprentice No. *46*  
working under my personal supervision.

Signed..... *[Signature]*  
Licensed Embalmer No. *22859*  
P. O. Address..... *[Signature]*

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.