No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42780
State File No.

FILED JAN 7 1948
Registration District No. 37

Primary Registration District No. 3061

Registrar's No. 428

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 102 Bennett
(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 Mo. (b) County St. Francois
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. 102 Bennett
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul Carodine Warren
3. (b) If veteran, name war World war 1
3. (c) Social Security No. 498-10-4415
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alice Warren
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased March (Month) 26 (Day) 1896 (Year)

8. AGE: Years 51 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Flat River (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Janitor
11. Industry or business Flat River Public Schools
FATHER
12. Name Gibbs Warren
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Barnes
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Paul C. Warren
(b) Address 102 Bennett, Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wood Lawn Cemetery
18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.
19. (a) 1-2-48 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26, year 1947 hour 3 minute 0 p.M.
21. I hereby certify that I attended the deceased from Dec. 26, 2:15 P.M., 1947, to Dec. 26, 2:45 P.M., 1947 that I last saw him alive on Dec. 26, 2:45 P.M., 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	2 hours
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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

23. Signature Theodore Paul (M.D. or other) D.O.
Address Flat River, Mo. Date signed Dec. 30, '47

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1948

JAN 1 1948

RECEIVED

District Health Officer No. 4

District File Number 148-17

Date Filed 1-6-48

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 [illegible]

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.