

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

1. PLACE OF DEATH:  
 (a) County Warren  
 (b) City or town Rural (Campbranch twosp)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_ life  
years, months or days)

3. (a) PRINT FULL NAME Annie Ophelia Havener

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced, widowed

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

7. Birth date of deceased March 27, 1852  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>8</u>	<u>20</u>	hr. _____ min.

9. Birthplace Lincoln County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name James Cooper

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ship

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Havener

(b) Address R.F.D. Warrenton, Mo.

17. (a) Burial (b) Date thereof 12-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 12-19-47 (b) Mrs. Bernice Waters  
(Date received local registrar) (Registrar's signature) 402

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Warren 109  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17  
 year 1947 hour 3:40 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Oct 18  
 1947 to Dec 16 1947

that I last saw her alive on Dec 10 and that death occurred on the 17th day and hour stated above.

Immediate cause of death Infarctus  
Nephritis and myocarditis  
 Due to more

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

Other conditions K 13 18  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 0

23. Signature Wm. H. Dyer (M. D. or other)  
 Address Warrenton Mo. Date signed 12/19/47

11/11/88  
District Health Officer No. 9,  
**RECEIVED**

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**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 John Schiebung  
Licensed Embalmer No. 3897  
P. O. Address Warrenton, 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.**