No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3951

FEB 17 1948

Registration District No. 32 | Primary Registration District No. 3006 | Registrar's No. 36

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 4 mo. 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Columbia R.F.D. #1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ROBERT LEE WARREN
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 9 - 17 - 1947 (Month) (Day) (Year)

8. AGE: Years | Months: 4 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Boone Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
MOTHER FATHER
12. Name: James Warren
13. Birthplace: Boone Co Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Della Anderson
15. Birthplace: Boone Co Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: James Warren
(b) Address: Columbia R.F.D. 1 Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Log Providence
18. (a) Signature of funeral director: Stuart P. Parker
(b) Address: Columbia, Missouri
19. (a) 2-2-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 28th
year: 1948 hour: 7:38 minute: A.M.
21. I hereby certify that I attended the deceased from: 10:30 pm Jan 27, 1948, to: Jan 28, 1948; that I last saw him alive on: Jan 28, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory failure	
Due to: Diarrhea	1 wk
Due to:	
Other conditions: Atopic Eczema (Severe) (Include pregnancy within 3 months of death)	3 mon

Major findings:
Of operations: N/A
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: 0.
23. Signature: Helen E. Yeager (M. D.)
Address: 909 University, Columbia Mo. Date signed: Feb 2, 1948

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

RECEIVED
District Health Officer No. 9,
District File Number
FEB 13 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, ~~or by~~ ..... Registered Apprentice No. ..... working under my personal supervision.

Signed: Lucian P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.