FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4648

Registration District No. 137 | Primary Registration District No. 5520 | Registrar's No. 42

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural, Windsor, Twsp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway # 2 one mile west of Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 180
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2, Windsor 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Harold Glen Warren
3. (b) If veteran, name war none
3. (c) Social Security No. 498-30-3830
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 6
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 10 (Day) 1929 (Year)

8. AGE: Years 18 | Months 11 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Henry County (City, town, or county) Missouri (State or foreign country) 11
10. Usual occupation Employee M F A Produce
11. Industry or business 0

FATHER
12. Name Ray Warren
13. Birthplace Camden County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Winnie Webster
15. Birthplace Camden County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ray Warren
(b) Address Windsor, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri
18. (a) Signature of funeral director Huston Turner
(b) Address Windsor, Missouri
19. (a) 2-24-48 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17
year 1948 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull from a
Due to Car accident and died
Due to immediately
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) accident 42
(b) Date of occurrence 2/17/48
(c) Where did injury occur? Windsor (City or town) Henry (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hi 2, one mi west of Windsor (Specify type of place)
While at work? no (e) Means of injury Car accident
23. Signature Dr. R. S. Hallingsworth Coroner
Address Clinton Mo. Date signed 2/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Coll. with other M. which

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

RECEIVED
District Health Officer No. 7,
District File Number 2-48-155
Date Filed 3-1-48

SEP 16 1948

MAR 8 1949

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 William M. Turner, Registered Apprentice No. 470, working under my personal supervision.

Signed Walter Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor 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.