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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19219
Primary Registration District No. 2000
Registrar's No. 496

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1533 Irving
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1533 Irving 6
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Thomas Warren
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Andrew Warren
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 21, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	1	22	..... hr. ..... min.

9. Birthplace Saline County Mo. 11
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home
FATHER
12. Name ---- Coleman
13. Birthplace unknown Unknown. 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Alice Wright.
15. Birthplace unknown Virginia. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. B. Kelly,
(b) Address Springfield Mo.
17. (a) Burial (b) Date thereof 6-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director J W Klingner & Co.
(b) Address Springfield Mo.
19. (a) 6-15-48 (b) W E Handley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 13,
year 1948 hour 1 minute a M.
21. I hereby certify that I attended the deceased from Unattended 19 by physician 19
that I last saw h..... alive on 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death probably coronary thrombosis	
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 W E Handley local registrar (M. D. or other) W.D.
Address Springfield Mo. Date signed 6/14/48

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

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 Max Rhodes

Licensed Embalmer No. 407

P. O. Address Springfield

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.