G. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 10 1948

Dr Masters

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27211

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 71

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti (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 (years, months or days) All of Life

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

3. (a) PRINT FULL NAME Cecil Warren
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced /
6. (b) Name of husband or wife Mary Warren
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased July (Month) 5th (Day) 1912 (Year)

8. AGE: Years 36 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Holland (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Day Laborer
11. Industry or business
FATHER
12. Name Osker Warren
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Alma Story
15. Birthplace Pemiscot County (City, town, or county) Mo (State or foreign country)
16. (a) Informant Alma Boroughs
(b) Address Hayti, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti, Mo
18. (a) Signature of funeral director John H. German
(b) Address Hayti Mo
19. (a) 9-6-48 (Date received local registrar) (b) John W German (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th year 1948 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7-28- 1948 to 8-10- 1948 that I last saw him alive on 8-9- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 13 B
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)
(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 J L Masters (M. D. or other)
Address Hayti Mo Date signed 8-12-48

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

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

5-48-247

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 H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.