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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37469**

FILED NOV 22 1948

Registration District No. **237**

Primary Registration District No. **5820**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Gideon, Mo. Rural
(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 no
In this community 7 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Gideon, 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 _____

3. (a) PRINT FULL NAME DUKE WARREN

3. (b) If veteran, name war no 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife: Greta Warren 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased: Jan 6 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>13</u>	hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Warren 9

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

14. Maiden name Maude Bussey

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

16. (a) Informant Barbara Walker

(b) Address Gideon, Mo. St. #7

17. (a) Burial (b) Date thereof Oct 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Early Cemetery - Alton, Mo

18. (a) Signature of funeral director Robert Presnell

(b) Address Leggett, Mr. Presnell

19. (a) Oct. 20, 1948 (b) Dr. Bryn Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18th
year 1948 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 18, 1948
19 _____ to Oct 18, 1948
that I last saw him alive on Oct 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Burned
Duration _____

Due to Burning home. Could not get out of house
Due to paralysis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 181
Of autopsy 115
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED Underline 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 Geo. W. Husted (M. D. or other)

Address Parma, Mo Date signed 10/19/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 1148-155

Date Filed 11-19-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dee
Registrar's No. 21

Registration District No. 237 Primary Registration District No. 5820

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural
(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 (Specify whether _____)

3. (a) PRINT FULL NAME Duke Warren

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced un

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 6 (Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days _____ If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (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) Accident
(b) Date of occurrence Oct 18 1948
(c) Where did injury occur (Rural) Dixon New Madrid Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm

While at work? no (Specify type of place) (e) Means of injury Barnett's death.

23. Signature Geo. W. Husted (M. D. or other) MD

Address Parma, Mo Date signed 10-19-48

SUPPLEMENTARY

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

MOTHER FATHER

S-37469