

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

1. PLACE OF DEATH
 (a) County **Stone**
 (b) City or town **Rural Ruth**
 (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 **1**
 In this community **six months**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Stone** **104**
 (c) City or town **Rural Ruth** **0**
 (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 **(1)**

3. (a) PRINT FULL NAME **Charline Warren**
 3. (b) If veteran, name war.
 3. (c) Social Security No. **1**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov** day **27**
 year **1948** hour **4** minute **20** P.M.
 21. I hereby certify that I attended the deceased from **Nov 27**
Nov 27, 19**48**, to **Nov 27**, 19**48**;
 that I last saw her ~~on~~ **Nov 27**
 and that death occurred on the date and hour stated above. Duration

4. Sex **F** 5. Color or race **wh**
 6. (a) Single, widowed, married, divorced **1**
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive **18** years
 7. Birth date of deceased **may 18 1948**
 (Month) (Day) (Year)

Immediate cause of death **Lungs Bronch**
Bronch Trouble Ever Since it was born
 Due to **Lack of medical attention**

8. AGE: Years **—** Months **6** Days **21**
 If less than one day hr. min.

Due to
 Other conditions (Include pregnancy within 3 months of death) **129 13**

9. Birthplace **Stone Co. Mo**
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations **129 13**
 Of autopsy
 Underline the cause of which death should be charged statistically.

11. Industry or business **Art**

12. Name **Howard Warren**
 13. Birthplace **Reeds Springs Mo**
 (City, town or county) (State or foreign country)
 14. Maiden name **Zelpha King**
 15. Birthplace **Art**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Howard Warren**
 (b) Address **Reeds Springs**
 17. (a) **Burial** (b) Date thereof **Nov 29 48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Eisenhan**

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? (Specify type of place)
 Means of injury **3**

18. (a) Signature of funeral director **Everett J. Cheatham**
 (b) Address **Salena Mo**
 19. (a) **Dec 1-48** (b) **Lena Murray**
 (Date received local registrar) (Registrar's signature)

23. Signature **Everett J. Cheatham** coroner
 Address **Salena Mo** Date signed **Nov 27/48**

RECEIVED

District Health Officer No. 6,

District File Number 1248-1406

Date Filed 12-30-48

STATEMENT BY LICENSED EMBALMER

not

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 *Ernest J. Cheatham*

Licensed Embalmer No. 3870

P. O. Address *Salena 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.