DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1949

Registration District No. 338

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6154

State File No. 22299

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural Richland ~~Fornet~~ R2
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard 103

(c) City or town Essex R2 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Warren

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Warren

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mch 1 (Month) 1873 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	3	2	hr. ✓ min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farmer

FATHER
12. Name Alexander Warren
13. Birthplace ✓ (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Do Not Know
15. Birthplace Do Not Know (City, town, or county) (State or foreign country)

16. (a) Informant Harriet Warren
(b) Address Essex Mo R2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 49 (Month) (Day) (Year)

(c) Place: burial or cremation Taylor [redacted]

18. (a) Signature of funeral director Watkins Fun. Ser.

(b) Address Dexter, Mo.

19. (a) June 9-49 (Date received local registrar) (b) Rose Webber (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 2 day June
year 1949 hour 8.45 minute P. M.

21. I hereby certify that I attended the deceased from May 30, 1949, to June 2, 1949, that I last saw him alive on May 30, 1949, and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Regurgitation

Due to Acute Nephritis

Due to

Other conditions ✓ 421
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

Duration

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) no

(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 J Hux MD (M. D. or other)

Address Essex Mo Date signed June 3 49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 649-623
Date Filed 6-12-49

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 B J Brentlinger

Licensed Embalmer No. 420

P. O. Address Dexter

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.