

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27906

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5885 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Pulaski <i>0850</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) Ft Leonard Wood, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamtramck <i>8210</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION U. S. Army Hospital		d. STREET ADDRESS (If rural, give location) 11394 Dyar <i>8</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Elizia	c. (Last) Warren	4. DATE OF DEATH (Month) (Day) (Year) August 29, 1951
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5. SEX Male <i>2</i>	6. COLOR OR RACE Negroid	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married <i>1</i>	8. DATE OF BIRTH 30 Jan 30	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 15 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) assembler	10b. KIND OF BUSINESS OR INDUSTRY auto factory	11. BIRTHPLACE (State or foreign country) Hamtramck, Michigan <i>1</i>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE (Wife) Juanita Warren
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes (Ind) 16 Aug 51	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>E. W. Grunewald</i> E. W. GRUNEWALD, Maj, MSC, Ft. Leonard Wood,
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sun stroke		3 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Lobar pneumonia, left lung DUE TO (c) _____		3 hours unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>89319</i> <i>46</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 29 Aug, 1951, to 29 Aug, 1951, that I last saw the deceased alive on 29 Aug, 1951, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Almzil L. Fennell, M.D.</i>	23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 30 Aug 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 31, 1951	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Hamtramck Michigan
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DATE REC'D BY LOCAL REG. 9-5-51	REGISTRAR'S SIGNATURE <i>Charles Eric Anderson</i> <i>458</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Walter T. Neugebauer</i> _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-5-51
Pulaski County Health Officer
File Number 9-8-51
Date Filed 9-8-51

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 _____

Student Embalmer No. 432

working under my personal supervision.

Signed Clarence Moss
Student Embalmer

Signed Walter P. Medges

Licensed Embalmer No. 4265-

P. O. Address Heris, 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.