

FILED NOV 12 1954

Registration District No. 734

Primary Registration District No. 6128

Registrar's No. 300

1. PLACE OF DEATH:

- (a) County Shannon
 (b) City or town Emmence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Own Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 35 yrs
 years, months or days)

3. (a) PRINT FULL NAME Charles Alfred Warren

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Victoria Brown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 17 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 18 hr. min.

9. Birthplace Reynolds County Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer & Blacksmith

11. Industry or business _____

- MOTHER FATHER { 12. Name Greta L. Warren
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Matilda Radford
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Zilla Sutherland(b) Address Bunker, Mo17. (a) Burial (b) Date thereof 11-7-54
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Polk Cemetery18. (a) Signature of funeral director Chas. S. Penick(b) Address Ellington, Mo19. (a) 11-10-54 (b) Mobile Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Shannon
 (c) City or town Emmence
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 101st
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1954 hour 12 minute 01 A.M.21. I hereby certify that I attended the deceased from June 1953
19 _____, to Nov. 4 1954
that I last saw him alive on Nov 5 1954
and that death occurred on the date and hour stated above.Immediate cause of death CORONARY
Occlusion Duration 15 minDue to Senility

Due to _____

Other conditions 40201
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy Not done

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) _____
 (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)
(c) Means of injury _____23. Signature C. E. Sharp 2 (M. D. or other) D.O.
Address Winona, Mo. Date signed 11/10/54

APR 11 1955

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 Charles S. Smith

Licensed Embalmer No. 4574

P. O. Address Ellisburg, Mo.

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.