N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2142
Do not use this space.

1. PLACE OF DEATH
(a) County Dent — Registration District No. 266
(b) Township — Primary Registration District No. 4164 — Registered No. 2
(c) City Salem Mo — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ... yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Minnie E. Warfel
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W.D. Warfel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 20 1875
7. AGE: 63 YEARS, 6 MONTHS, 17 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): -- Ky

FATHER
13. NAME: Chas. Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): -- Ohio

MOTHER
15. MAIDEN NAME: Prichett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Ohio~~

17. INFORMANT (ADDRESS): W. D Warfel Salem Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Miner Cem DATE Jan 9/39 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Carl K Spencer Salem Mo
20. FILED January 9 1939 A E Butler M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Jan. 6, 1939.
I last saw her alive on Jan 6, 1939 Death is said to have occurred on the date stated above, at 1:30 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar R. & L.	Dec. 23, 1938

Other contributory causes of importance:
None

Name of operation ..... Date of .....
What test confirmed diagnosis? usual signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) W. G. Dillon M. D.
(Address) Salem Missouri

(Licensed Embalmer's Statement on Reverse Side)

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, Wm. W. McDonald, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Ma

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

If this body is not embalmed, above space should be left blank.