

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.

Registration District No. 257

Primary Registration District No. 4388

Registrar's No. 6

FILED MAR 27 1940

1. PLACE OF DEATH:
 (a) County Deming
 (b) City or town Cauthersville
(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 Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura M. Warren
 (b) If veteran, name war ✓
 (c) Social Security No. ✓

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased 8 19 1937
(Month) (Day) (Year)

8. AGE: Years 2 Months 7 Days 24 If less than one day
hr. min.

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

10. Usual occupation None

11. Industry or business _____
 MOTHER FATHER { 12. Name George Warren
 13. Birthplace La.
(City, town, or county) (State or foreign country)
 14. Maiden name Minnie Mae Harris
 15. Birthplace Ark
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnie Mae Warren
 (b) Address Cauthersville Mo

17. (a) Burial (b) Date thereof 1-14-40
(Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial or cremation Morgan Bridge cemetery

18. (a) Signature of funeral director H. Smith
 (b) Address Cauthersville Mo

19. (a) Jan. 26, 1940 (b) E. A. Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Deming
 (c) City or town Cauthersville
(If outside city or town limits, write "RURAL")
 (d) Street No. Shady Lane
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 13
 year 1940 hour _____ minute 3:30 P.M.

I hereby certify that I attended the deceased from 1-10-40
1-13-, 1940, to _____, 19____;
 that I last saw him alive on 1-13-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Whooping Cough
of Bronchial pneumonia
 Due to _____
 Due to _____

Other conditions 9
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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)
 (e) Means of injury _____

23. Signature B. Luten (M. D. or other) _____
 Address Cauthersville Mo Date signed 1-19-40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

34-2-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.