

FILED JUL 15 1940

Registration District No. 157

Primary Registration District No. 4091

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill
(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

8. (a) PRINT FULL NAME Ben Han Warren ⁶⁵⁰

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March - 4 - 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>3</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Constable

11. Industry or business _____

MOTHER FATHER { 12. Name James W. Warren

13. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah O. Rogers

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie Warren

(b) Address Pleasant Hill

17. (a) Burial (b) Date thereof 6/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director D. T. Notzinger

(b) Address Pleasant Hill

19. (a) 6-27-40 (b) Mrs. Ethel M. Aldridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Cass

(c) City or town Pleasant Hill
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1940 hour 12 minute 5 P.M.

21. I hereby certify that I attended the deceased from June 21 1940, to June 25 1940,
that I last saw him alive on June 25, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory collapse

Due to Internal hemorrhage

Due to Accident

Pedestrian struck by auto

Other conditions Auto mobile
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations. _____

Of autopsy. _____

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) Accident

(b) Date of occurrence June 25, 1940

(c) Where did injury occur Pleasant Hill Cass, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
140 Public place

While at work? Yes (Specify type of place) street by car
(e) Means of injury

23. Signature E. M. Aldridge M. D. or other _____
Address 140 Pleasant Hill Date signed 6-27-40

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

9
0
0

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.....

D. A. Nofsinger, Registered Apprentice No.
working under my personal supervision.

Signed *D. A. Nofsinger*

Licensed Embalmer No. *3958*

P. O. Address *Plainsville*

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.