

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32261

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. _____

1. PLACE OF DEATH: Jasper
(a) County _____
(b) City or town Jonlin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 minutes
(Specify whether _____)
In this community II Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Jonlin
(If outside city or town limits, write "RURAL")
(d) Street No. 1334 Ohio.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Harold Edward Wren.
3. (b) If veteran, name war --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 12
year 1940 hour 7 minute 0 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him alive on September 13, 1940
and that death occurred on the date and hour stated above.

7. Birth date of deceased March 11th 1918
(Month) (Day) (Year)
8. AGE: Years 22 Months 7 Days I If less than one day hr. _____ min. _____

Immediate cause of death: Carbolic acid Poisoning self administered - suicide
Due to _____
Due to _____

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

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

10. Usual occupation Laborer
11. Industry or business Laborer

Major findings: Of operations ---
Of autopsy Investigation

12. Name Ramsey Wren
13. Birthplace Ky.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Sept. 12, 1940
(c) Where did injury occur? Joplin Jasper Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Restaurant - 1206 Main
While at work? No (Specify type of place) (e) Means of injury Poison

14. Maiden name Sarah Kell.
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

23. Signature A. H. Wickham
(Name of other) _____
Address Joplin Mo. Date signed 9-15-40

16. (a) Informant Homer Wren
(b) Address 1334 Ohio, Jasper Mo.
17. (a) Hornet (b) Date thereof 9-13th 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hornet Mo.

18. (a) Signature of funeral director Hugh H. H. H.
(b) Address Joplin Mo.

19. (a) 9-14-40 (b) Ed D. Jones
(Date received local registrar) (Registrar's signature)

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

9
7
5

5

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. 959

P. O. Address Spencer, N.C.

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.