

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2127

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Carrollton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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

3. (a) PRINT FULL NAME Wm J. Warren
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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
 7. Birth date of deceased Nov 21 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Carroll Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Warren

MOTHER FATHER
 { 12. Name Alexander Elliott
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Lucy Burgess
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. J. Elliott
 (b) Address hathrop Mo

17. (a) Burial (b) Date thereof 1-11-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Gilead Cem

18. (a) Signature of funeral director Strandley

(b) Address Carrollton Mo

19. (a) 1-10-41 (b) John Haskin
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
 (c) City or town Carrollton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th
 year 1941 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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? 120
 _____ (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature E. J. Smith (M.D. or other) _____
 Address Trina, Mo Date signed 1-10-41

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.

RECEIVED
District Health Officer No. 8
Date Filed 10-5-61
The Number

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, W

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.