

FILED MAR 11 1941

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3wks (Specify whether
In this community 30 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Broseley, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 1 years.

3. (a) PRINT FULL NAME David S. 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 Married

6. (b) Name of husband or wife Etta Warren 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb. 22 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 10 hr. min.

9. Birthplace Logville / Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jake Warren
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dailey
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Etta Warren
(b) Address Broseley, Mo.

17. (a) Burial (b) Date thereof 3/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mole Hill Cemet.

18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott, Arkansas.

19. (a) 3/6/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4th.
year 1941 hour 12:35 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 10, 1941
to Mar. 4, 1941

that I last saw him alive on March 4, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 2-28-41

Due to Lobar pneumonia 2-6-41

Due to _____

Other conditions _____
(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 W. J. [Signature] (M.D. or other) _____
Address Poplar Bluff, Mo. Date signed 3-5-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1941 11 8

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.