FILED APR 10 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11174
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence — Registration District No. ____
(b) Township ____ — Primary Registration District No. ____ — Registered No. 20
(c) or City Aurora — (d) Street No. ____ 55 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e)—Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (f) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. PRINT FULL NAME Daily J Warfield
(a) Residence, No. ____ St. ____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Warfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 19 - 1879
7. AGE: YEARS 62 — MONTHS 0 — DAYS 19 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

FATHER
13. NAME: George Warfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER
15. MAIDEN NAME: Laura Greenback
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): Lee Roy E. Warfield, Kansas city Kansas
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mass ~~Sec~~ 30 — DATE: 3-30 41
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo H Manlove, Crane Mo.
20. FILED 3/30 1941 R. D. Cowan, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-28, 1941
22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1941, to Mar. 28, 1941
I last saw him alive on Mar. 28, 1941 Death is said to have occurred on the date stated above, at 11:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforating Duodenal Ulcer	3/25/41

Other contributory causes of importance: Peritonitis

Name of operation: Laparotomy — Date of: 3-25-41
What test confirmed diagnosis? Operation — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 19____
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____
(Signed) R. D. Cowan, M. D.
(Address) Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X16605

RECEIVED
District Health Officer No. 8,
District File Number 441-574
Date Filed APR 9-1941

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 George H Manlove

Licensed Embalmer No. 3827

P. O. Address Crane Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2
1-4-41
17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11174

Registration District No. 467 Primary Registration District No. 4280 Registrar's No.

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stone
(c) City or town Crane Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daily J. Warfield
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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 62 Months 0 Days 19 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business "
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 3/3/41 (Date received local registrar) (b) R. D. Cowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — 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? (Specify type of place)
While at work? (e) Means of injury
(f) Signature R. D. Cowan (M. D. or other)
Address Aurora Mo. Date signed

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

1941
S-11174

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.