

No. 2
1-4-41
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED APR 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11204
Registrar's No. 42

Registration District No. 420

Primary Registration District No. 4283

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(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:
In this community Life time / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lawrence
(c) City or town Mt. Vernon Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

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

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Mar day 14
year 1941 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct. 29
1941 to Mar. 14, 1941.
that I last saw him alive on Mar 14, 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
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 June 16 1859
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia (Rt.)
Duration 3da

8. AGE: Years 81 Months 8 Days 26
If less than one day hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Mt. Vernon Mo
(City, town, or county) (State or foreign country)

Other conditions Hypertension, Ch. nephritis
(Include pregnancy within 6 months of death)

10. Usual occupation Blacksmith

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged etiologically.

11. Industry or business _____
12. Name Timothy Warren
13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Harwood
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mo W. M. Thompson
(b) Address Jules, Okla.
17. (a) Burial (b) Date thereof Mar 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director H. D. Fassett
(b) Address Mt. Vernon, Mo.

While at work? 42 (Specify type of place)
(b) Means of injury _____

19. (a) 3-13-1941 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

23. Signature Permyth Glover (M. D. 1941)
Address Mt. Vernon, Mo Date signed 3/15/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 441-546

Date Filed APR 5 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.....

Max L. Fossett

....., Registered Apprentice No. 268

working under my personal supervision.

Signed.....

H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address mt. Vernon.

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.