

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

FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18609

Registration District No. 653

Primary Registration District No. 5871

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Des Moines

(b) City, or town Rural - Braggadocio
(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)

In this community 10 days
years, months or days)

3. (a) PRINT FULL NAME Odis Lawrence Warren

3. (b) If veteran, name war V

3. (c) Social Security No. 2

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 (Month) (Day) (Year)

7. Birth date of deceased 5 3 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

10 hr. min.

9. Birthplace near Braggadocio () MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Warren

13. Birthplace Blytheville Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Mc Dow

15. Birthplace Dittsburg Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Mc Dow

(b) Address Braggadocio MO

17. (a) Funeral (b) Date thereof 5-13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Culp Cemetery

18. (a) Signature of funeral director F. J. ...

(b) Address _____

19. (a) 5/13/41 (b) Earl Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jennett 78

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. near Braggadocio
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from no
medical attention, only
that I last saw him alive on only a midwife
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 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? _____

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature Pearl Kelly
Address Braggadocio MO Date signed 5/13/41

6-41-11

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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 the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18609

Registration District No. 653

Primary Registration District No. 5871

Registrar's No.

1. PLACE OF DEATH:

(a) County De Witt

(b) City or town Wraggedoersburg
(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 _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 Odie's Laurence Warren

3. (b) If veteran, name war _____ 3. (c) Social Security No. 7

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

10 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5/13/41 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1941 hour _____ minute _____ M.

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

Immediate cause of death Pneumonia Duration _____
and wife only knew
Due to it was pneumonia
Due to _____

Other conditions not any
(Include pregnancy within 3 months of death)

Major findings:
Of operations 109.1

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? _____

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

23. Signature Pearl Kelley (M. D. or other) _____
Address Payli mo Date signed 5/13/41

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

SUPPLEMENTARY

746

S-18602 1941