

FILED SEP 26 1941

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **225**

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution about 12 hrs
(Specify whether
In this community 2 1/2 years
years, months or days)

3. (a) PRINT FULL NAME WILLIAM WARREN

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

4. Sex Male 5. Color or race W 5. (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 5 - 7 - 1920
(Month) (Day) (Year)

8. AGE: Years 21 Months 3 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation unemployed

11. Industry or business _____

MOTHER FATHER

12. Name Essie Warren

13. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name J. Dell Dunham

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

16. (a) Informant J. Dell Dunham

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 8/14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stuart J. Porter

(b) Address Columbia Missouri

19. (a) 9/13/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Cor. of 2nd & Locust Sts
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1941 hour 10 minute 30 P.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 _____
Shot Gun Wounds

Due to h

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) Homicide

(b) Date of occurrence Aug - 9 - 1941

(c) Where did injury occur? Columbia Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In street

While at work? No (Specify type of place) (e) Means of injury Gun

23. Signature Miss McLean (Print name)
Address Columbia Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

Stuart P. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia Mo

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.