DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32303

Registration District No. [illegible] Primary Registration District No. 3 [illegible] Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana No. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days. (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. P.O. Bowling Green (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Laura Warner
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ransom Warner
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Sept. 14 – 1872 (Month) (Day) (Year)
8. AGE: Years 69 Months 0 Days 13 If less than one day hr. min.
9. Birthplace Near Bowling Green Mo (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business at Home
FATHER 12. Name Wm Higgin
FATHER 13. Birthplace D.K. England (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Eliza Wedfield
MOTHER 15. Birthplace D.K. England (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. Lee Merriweather
(b) Address Bowling Green
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Zion Cem.
18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green
19. (a) 9-28-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1941 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from 9/9/41, 19__, to 9/27/41, 19__; that I last saw her alive on 9/26/41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) none
(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 --
23. Signature [illegible] (M. D. or other) M.D.
Address Louisiana, Mo Date signed 9/27/41

(Licensed Embalmer's Statement on Reverse Side).

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.

RECEIVED
District Health Officer No. 10
District File Number 10-41-1843
Date Filed OCT 13 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 W. B. E Moore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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, above space should be left blank.