

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE

BUREAU OF VITAL STATISTICS  
FILED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35967

Registration District No. 273

Primary Registration District No. 6018A

Registrar's No. 148

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town (Near) Farmington, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hospital No. 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Warren

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 21 1865  
(Month) (Day) (Year)

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

|    |   |   |          |
|----|---|---|----------|
| 76 | 3 | 0 | hr. min. |
|----|---|---|----------|

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Warren

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

14. Maiden name Elvira Copeland

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

16. (a) Informant Records of State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 10-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Geo. Richards

(b) Address Farmington, Missouri

19. (a) Oct 27-41 (b) B. J. Robinson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st  
year 1941 hour 6 minute :35 P.M.

21. I hereby certify that I attended the deceased from October 9th, 1941 October 21st, 1941;  
that I last saw her alive on October 21st, 1941;  
and that death occurred on the date and hour stated above.

| Immediate cause of death   | Duration      |
|--|---------------|
| <u>Bronchopneumonia</u>  | <u>3 days</u> |
| Due to <u>Arteriosclerotic Heart Disease with Decompensation, marked</u>                                       | <u>?</u>      |
| Due to <u>Arteriosclerosis, generalized &amp; marked</u>   | <u>?</u>      |
| Other conditions <u>Senile Psychosis, Simple Deterioration</u><br>(Include pregnancy within 3 months of death) | <u>1 year</u> |

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations no operation

Of autopsy no autopsy 107

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 A

23. Signature O. C. Cull (M. D. or other) M.D.

Address Farmington, Missouri Date signed 10/27/41

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

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.....

*not embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Chas. Richardson*.....

Licensed Embalmer No. *3167*.....

P. O. Address *Hamington N.C.*.....

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.