

FILED JAN 22 1941

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Dennett Mo.
(c) Name of hospital or institution:
James Ave!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Dennett Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 miles East
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James N. Warrington

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Betty Warrington 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 25 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 3 If less than one day _____ min.

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

10. Usual occupation Farm

11. Industry or business _____

MOTHER FATHER
12. Name Will Warrington
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Montague
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Betty Warrington

(b) Address Dennett Mo.

17. (a) Burial (b) Date thereof 12-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Emerson Burns

(b) Address Harrisonville, Mo.

19. (a) 12-4-1941 (b) John Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1941 hour 7:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Dec 2, 1941, to Dec 3, 1941
that I last saw him alive on Dec 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Duration 2 days

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) (e) Means of injury _____

23. Signature Paul Baldwin (M. D. or other) M.D.

Address Kennett Mo Date signed 12-4-41

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

RECEIVED

District Health Office No. 2,

District File Number 142-36

Date Filed 1-16-42

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 with the above constitutes grounds for revocation of license.)

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