No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7181

Registration District No. 303 Primary Registration District No. 566 a Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Linn
(b) City or town Meadville R.F.D. # 2 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Parsons Creek Ln (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community All Life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Linn 58
(c) City or town Meadville Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 0 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Emmaline Warren
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex female
5. Color or race white
6. (a) Single, widowed, ~~married~~, ~~divorced~~ widowed
6. (b) Name of husband ~~or wife~~ Husband James B. Warren
6. (c) Age of husband ~~or wife if alive~~ deceased years
7. Birth date of deceased August (Month) 7 (Day) 1862 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 6 | 11 | hr. min. |

9. Birthplace Orleans Co (City, town, or county) New York (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Jacob Lynd
13. Birthplace (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Deliah Cropsy
15. Birthplace (City, town, or county) New York (State or foreign country)
16. (a) Informant Mrs H.C. Gallatin
(b) Address Meadville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18 '42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Meadville cemetery
18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo
19. (a) 2-18-42 (Date received local registrar) (b) E. J. Weir (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month FEB. day 16
year 1942 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from FEB. 11, 1942, to 2-16-, 1942
that I last saw her alive on 2-16-, 1942
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| MYOCARDIAL FAILURE | |
| BRONCHIAL PNEUMONIA | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature S. H. Hanson (M.D. or other) DO.
Address Meadville Mo Date signed 2-17-42

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(Licensed Embalmer's Statement on Reverse Side)

## 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 Frank L. Smiley, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 4750

P. O. Address Wheeling W Va

**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.**