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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39288

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 215

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: none 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97

(c) City or town Marshall 2
(If outside city or town limits, write "RURAL")

(d) Street No. 401 No Allen
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANCES SUSAN WARREN

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 Wid 2

6. (b) Name of husband or wife CHARLES WARREN

6. (c) Age of husband or wife if alive Dec years 1855

7. Birth date of deceased Feb 24 (Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name George Jeneson
13. Birthplace Maywood (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Dunell
(b) Address 401 North Allen

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director Don Short
(b) Address Marshall Mo

19. (a) Nov. 19 1943 (Date received local registrar) (b) Mrs T. O. Weatherwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 ch
year 1943 hour 2 30 minute A.M.

21. I hereby certify that I attended the deceased from Oct 31, 1943 to , 19 ;
that I last saw her alive on Oct 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Right Lung

Due to

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature E. Murray (M. D. or other) D.O.
Address Marshall Mo Date signed Nov 2 1943

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 8

District File Number _____

Date Filed 12-10-43

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall, 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.