

Registration District No. 43 Primary Registration District No. 4057

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
Home in Julin
(If not in hospital or institution, write street number or location)

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

In this community 60 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler ¹²

(c) City or town Julin ~~Butler~~ ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) Citizen of foreign country? No (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME Northa Emma Frost Warner

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th
year 45 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov. 27
1945 to Dec. 7 1945;
that I last saw her alive on Dec. 6 1945;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Thomas Warren 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 6 1875
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia

Duration 10 days

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>11</u>	<u>1</u>	hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Sam Reese

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

14. Maiden name Mary Cole

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Cheladilly Daughter

(b) Address Julin, Mo

17. (a) Burial (b) Date thereof December 9, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregory Cemetery

18. (a) Signature of funeral director Walter Funeral Home

(b) Address Campbell, Missouri

19. (a) 12-11-45 (b) W. H. Mumree
(Date received local registrar) (Registrar's signature)

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 W. J. Tutledge (M. D. or other) MD

Address Campbell, Mo Date signed _____

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

RECEIVED

District Health Office No. 2

District File Number 1245-3405

Date Filed 12/19/45

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.....

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.