

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 20 1946

Registration District No. 172

Primary Registration District No. 4231

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town Mountain view  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community 4 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell 46  
(c) City or town Mountain view 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Levi E. Warren

3. (b) If veteran, name war World War II 3. (c) Social Security No. 498-14-5926

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

6. (b) Name of husband or wife Louise Warren 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased May 19 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
26 6 10 0 hr. min.

9. Birthplace Mountain View, MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Service Station Operator

11. Industry or business

MOTHER FATHER { 12. Name Early Warren

13. Birthplace Mountain View, MO  
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Funkie

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

16. (a) Informant Louise Warren

(b) Address Mountain View

17. (a) Burial (b) Date thereof 12-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harlow Cemetery

18. (a) Signature of funeral director James J. Dineen

(b) Address Mountain View, Mo

19. (a) 12-12-46 (b) Laura Mitchell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29  
year 1946 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12/29/46 to 12/29/46  
that I last saw him alive on 12/29/46  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 min.

Due to over exertion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 94A

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 3

23. Signature Mayne C. Thornburgh (M.D. or other) Coroner  
Address West Plains, Mo Date signed 12/27/46

FEB 6 1947

JAN 20 1947

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed John J. Lincum.....

Licensed Embalmer No. 2516.....

P. O. Address Mountain View.....

**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.**