

FILED AUG 1 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26517

Do not use this space.

1. PLACE OF DEATH
(a) County Sullivan Registration District No. 381
(b) Township Duncan Primary Registration District No. 6178 Registered No. 12
(c) City Rural Browning (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Earnest Ray Warren
(a) Residence, No. rural Browning, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Veda Warren 56 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

FATHER 13. NAME Robert Henry Warren

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Carloine McPeeters

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT Veda Warren (ADDRESS) Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Schrock DATE 6-19-47

19. FUNERAL DIRECTOR (NAME) Wade Funeral Home (ADDRESS) Browning, Mo.

20. FILED July 21 1947 Mrs. H. B. Harris Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17-47 1947

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1947, to June 16, 1947.
Last saw him alive on June 16, 1947. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1947

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) D. W. Payne, M.D.

(Address) Browning, Mo.

RECEIVED
District Health Officer No. 10
District File Number 147-822
Date Filed JUL 31 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

Registered Apprentice No....., working under my personal supervision.

Signed Herald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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, above space should be left blank.