

No. 2
M-5-43
5-17-39
I X36671

FILED NOV 18 1947 27

State File No. _____

Registration District No. _____

Primary Registration District No. 4339

Registrar's No. 59

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W. LOENST ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 36 YRS. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. W. LOENST ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES WILLIAM WARREN

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MATE WARREN
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased APRIL 8, 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 4
If less than one day hr. min.

9. Birthplace MONROE CO., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business _____

MOTHER FATHER

12. Name WM J. WARREN
13. Birthplace KY.
14. Maiden name POLLY NENELL
15. Birthplace VA.
(City, town, or county) (State or foreign country)

16. (a) Informant H. G. WARREN
(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof NOV. 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Sueed & Blakey
(b) Address PARIS, MO.

19. (a) 11-13-47 (b) Elbert Baker M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 12 P. M.
year 1947 hour 5 minute

21. I hereby certify that I attended the deceased from Nov 11 to Nov 12
that I last saw him alive on Nov 12 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of the heart
Duration _____
Due to arteriosclerosis of the heart

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 8/2/47
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? _____

While at work _____ (Specify type of place)
(c) Means of injury _____

23. Signature W. M. [Signature] (M. D. _____)
Address PARIS, MO. Date signed 11-13-47.

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

9
2
0

RECEIVED
District Health Officer
Certificate Number 11-47-117
Date Filed NOV 17 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..... *E. H. Agnew*

Licensed Embalmer No. *4000*

P. O. Address..... *PARIS, MISSOURI*

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.