No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39079

FILED DEC 8 1947

Registration District No. 1947

Primary Registration District No. ~~5-8-48~~ 4373

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Nodaway

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

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

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 43 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 74

(c) City or town Barnard 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Peter S. Warren

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Jan. (Month) 16 (Day) 1884 (Year)

8. AGE: Years 63 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Jonesville (City, town, or county) Virginia (State or foreign country) /

10. Usual occupation farmer

11. Industry or business farmer

FATHER
12. Name Larkin R. Warren
13. Birthplace Hancock Co. (City, town, or county) Tenn. (State or foreign country) /

MOTHER
14. Maiden name Mary Bagley
15. Birthplace Scott Co. (City, town, or county) Virginia (State or foreign country) /

16. (a) Informant Herbert B. Warren
(b) Address Guilford, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director G. M. Atchison
(b) Address Maryville, Mo.

19. (a) 11-24-47 (Date received local registrar) (b) Mrs Eliza Crenshaw (Registrar's signature) 570

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 21 June, 1933 to 18 Nov., 1947
that I last saw him alive on 17 Nov., 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocarditis, from multiple cardiac infarcts.	2 mos.
Due to arteriosclerotic heart disease	more than 2 years
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 W	

Major findings:
Of operations not made
Of autopsy not had

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 0

23. Signature Chas. D. Humbard (M. D. or other) M.D.
Address Barnard, Missouri Date signed 11/19/47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 L Matthesan

Licensed Embalmer No. 2279

P. O. Address Maryville 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.