

No. 300
4-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17346

State File No. _____

FILED MAY 27 1948

Registration District No. 316

Primary Registration District No. 4462

Registrar's No. 142

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Evans, Missouri
(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 Evans,
years, months or days

3. (a) PRINT FULL NAME Willet O. Wren

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mary Wren 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 25 1895
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Robert Strain

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

14. Maiden name Mary Haskley 9

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

16. (a) Informant Dr. H. R. De Lee

(b) Address Evans, Mo.

17. (a) Burial (b) Date thereof April 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Edwin E. Ford

(b) Address Flat River Mo

19. (a) 5-7-48 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Rural 47
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd
year 1948 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb. 23, 1948, to April 23, 1948;
that I last saw him alive on April 23, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver and biliary passages 147

Due to _____

Due to _____

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

Major findings: None

Of operations _____

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)

(e) Means of injury _____

23. Signature W. D. Morris (M. D. or other) MD

Address Evans Mo Date signed 5-3-48

RECEIVED

District Health Officer No. 4
District File Number 548-670
Date Filed 5-26-48

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 W. A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River

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.