S. No. 300
M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 30 1948

Registration District No. 376

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6073

State File No. 37813

Registrar's No. 360

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Farmington Mo. R.F.D. No 2. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution (Perry Twp.) 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Farmington, Mo. R.F.D. No 2. (If outside city or town limits, write "RURAL") 0 5

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Mr. Calvin L. Wren.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 1

5. Color or race White Caca

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Inez Wren.

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. (Month) 25 (Day) 1877 (Year)

8. AGE: Years 71 Months 8 Days 15. If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer.

11. Industry or business —

MOTHER FATHER

12. Name Mr. Robert Wren. 9

13. Birthplace Unknown. (City, town, or county) (State or foreign country) 1

14. Maiden name Nancy Elizabeth Lackey 6

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

16. (a) Informant Mrs. Inez Wren (wife).

(b) Address Farmington, Mo. R.F.D. No 2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13-1948. (Month) (Day) (Year)

(c) Place: burial or cremation Black Mt. Cemetery Near Arcadia, Mo.

18. (a) Signature of funeral director Alvin W. Hood.

(b) Address 303 Crane St. Flat Rivers, Mo.

19. (a) 11-16-48 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 1948 hour one minute P. M.

21. I hereby certify that I attended the deceased from 9—7, 1948, to 11—10, 1948; that I last saw him alive on 11-10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver and biliary Passages.	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy H&P	

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) DO

Address Elvins Mo Date signed 11-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1148-1474

Date Filed 11-29-48

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 Alvin W Hood

Licensed Embalmer No. 2788

P. O. Address 303 Crane St. Flat Rock, Me

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.