

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41059**

FILED JAN 6 1949

Registration District No. **275**

Primary Registration District No. **5940**

Registrar's No. **114**

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

1. PLACE OF DEATH

(a) County **Phelps**  
(b) City or town **Rural Liberty**  
(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.  
In this community **4 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**  
(c) City or town **Newburg**  
(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.

3. (a) PRINT FULL NAME **Albert John 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.

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. **Dec 8 1948**  
(Month) (Day) (Year)

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

9. Birthplace **Phelps Co. Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name **Bruce Warren**  
13. Birthplace **Pella Mo**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Alice Birdsang**  
15. Birthplace **Newburg Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bruce & Warren**  
(b) Address **Newburg Mo**

17. (a) **Burial** (b) Date thereof **Dec 13-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **mt elms**

18. (a) Signature of funeral director **Lee Johnson**  
(b) Address **Newburg Mo**

19. (a) **12-23-48** (b) **Napine H. Stoll**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12** year **1948** hour **4** minute **10 P** M.  
21. I hereby certify that I attended the deceased from **Dec. 10** 19**48** to **Dec 12** 19**48**  
that I last saw him alive on **Dec 12** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death. **Premature birth so it was unable to survive as it was about 6 1/2 mo. pregnancy**  
Duration  
Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **159**  
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) Means of injury  
23. Signature **Richard D. Nix** (M. D. or other)  
Address **Newburg, Mo.** Date signed **Dec 13 1948**

RECEIVED

Phelps County Health Officer;

County File Number \_\_\_\_\_

Date Filed 12/31/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, ~~and~~ \_\_\_\_\_

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

Signed Lee Johnson \_\_\_\_\_

Licensed Embalmer No. 3397 \_\_\_\_\_

P. O. Address Newburg 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.