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

1. PLACE OF DEATH:
 (a) County St. Francis.
 (b) City or town Farmington Mo.
 (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 Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois Co.
 (c) City or town Farmington (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 Benjamin Ruban Warren
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 6 year 4 hour 20 minute P.M.
 21. I hereby certify that I attended the deceased from July 9 to July 16 1942
 that I last saw him in alive on July 6 1942
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Nellie Warren
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased: 9 (Month) 27 (Day) 1879 (Year)

Immediate cause of death Acute Heart Failure
 Due to Coronary Disease
 Due to _____

8. AGE: Years 62 Months 9 Days 9 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

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

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Miller
 11. Industry or business Partnership

12. Name Jerome Warren
 13. Birthplace Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Jackson
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Warren
Farmington Mo.
 (b) Address Farmington
 (c) Place: burial or cremation Burial - Farmington Mo.
 17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 7/8/42. (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director Richardson Funeral Home
 (b) Address Farmington Mo.
 19. (a) 7-7-42 (Date received local registrar) (b) Byrdie Buhmester (Registrar's signature)

23. Signature Geo. P. Matthews (M. D. or other) _____
 Address Farmington Mo. Date signed 7-6-42

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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 Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Frankton 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.