

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Cray 5-17-38

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

43417  
Do not use this space.

DECEASED, JAN 25 1938

1. PLACE OF DEATH

(a) County Jasper 2 Registration District No. 411

(b) Township Joplin 1 Primary Registration District No. 2002 Registered No. \_\_\_\_\_

(c) City Joplin (d) Street No. 214 Gray St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FOUNT H. WARREN

(a) Residence, No. 214 Gray St.  (If nonresident, give city or town and State)  
(Usual place of abode, if not street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27, 1861

7. AGE YEARS 77 MONTHS 3 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. mine

9. Industry or business in which work was done, as saw mill, bank, etc. Operator

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky /

FATHER

13. NAME E. A. Warren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia /

MOTHER

15. MAIDEN NAME Mary Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia /

17. INFORMANT (ADDRESS) J. H. Warren  
214 Gray Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Merit DATE 12-31-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stuebner & Co  
Joplin, Mo.

20. FILED 12-30-38 J. D. Jensen  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29-38 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1888 to 12-29-38 1938

I last saw him alive on 12-29 1938 Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary heart disease

94%

Other contributory causes of importance:

Coronary disease

Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify J. M. Gray M. D.  
(Signed) \_\_\_\_\_  
(Address) Joplin Mo

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**