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.

Wilbur

DEC'D MAR 15 1939

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

6827
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper 2 Registration District No. 411
(b) Township or City Joplin 1 Primary Registration District No. 2002 Registered No.
(c) (d) Street No. 2116 Moffet 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 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary J. Warren
(a) Residence, No. 2116 Moffet St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. C. Warren.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14, 1864
7. AGE: YEARS 75 | MONTHS 0 | DAYS 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Newton Co. Missouri

FATHER
13. NAME: Hiram Ellsworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York N. J.

MOTHER
15. MAIDEN NAME: Jane Caterebergen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Howard Warren. 2116 Moffet. Joplin Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Saginaw Cem DATE Feb 27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Langher Mortuary Joplin Mo.
20. FILED 2-28, 1939 Ed D Jasmer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 24, 1939.
22. I HEREBY CERTIFY, That I attended deceased from Feby 19, 1939, to Feby 24, 1939
I last saw her alive on Feby 23, 1939 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis | Date of onset
131
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? no
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
(Signed) H Wilbur, M. D.
(Address) Joplin Mo 372

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 6-39-643
Date Filed MAR 11 1939

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.