REC'D SEP 14 1939

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

29429
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper 2 Registration District No. 411
(b) Township 1 Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. W. 20th St. 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 650 Dale Timothy Warren
(a) Residence, No. W. 20th 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 Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 39
7. AGE YEARS 0 MONTHS 0 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Joplin Mo

FATHER
13. NAME Dan R. Warren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

MOTHER
15. MAIDEN NAME Beatrice Linder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

17. INFORMANT (ADDRESS) Dan R. Warren

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE SAGIWAW CEM. DATE 8-28-39

19. FUNERAL DIRECTOR (NAME) HURLBUT UND CO
(ADDRESS) 212 JOPLIN ST. JOPLIN MO.

20. FILED 8-28 1939 Ed D Jones
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1939, to Aug 25, 1939
I last saw him alive on Aug 25, 1939. Death is said to have occurred on the date stated above, at 8:30 PM
The principal cause of death and related causes of importance were as follows:

Congenital Lues

Date of onset

Other contributory causes of importance: 34

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 L Wilbur, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District Number 939-1812
Date Filed SEP 8 - 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 Perry H. Hartbeck

Licensed Embalmer No. 959

P. O. Address John Neo

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.