DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7003

Registration District No. 411 — Primary Registration District No. 2002 — Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 821 W. Third St. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether In this community 48 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL") 0

(d) Street No. 821 W. Third St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- years.

3. (a) PRINT FULL NAME Dore R. Warren 650

3. (b) If veteran, name war World War

3. (c) Social Security No. 491-01-5742

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Kate Warren

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 18, 1890 (Month) (Day) (Year)

8. AGE: Years 49 | Months 6 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Assistant Cashier of

11. Industry or business Citizens State Bank

FATHER
12. Name Wm. H. Warren
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Nellie E. Adams
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant's own signature Mrs Kate Warren

(b) Address 821 W. Third St., Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St., Joplin, Mo.

19. (a) 3-1-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29 year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from ___ 19__, to ___, 19__; that I last saw him dead alive on February 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death two Gunshot wounds - left chest by a 32 Cal Automatic pistol

Due to Suicide - Despondency

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Investigation

Duration

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) Suicide

(b) Date of occurrence February 29-1940

(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 821 W. 3rd (Specify type of place)

While at work? no (e) Means of injury Gunshot

23. Signature A. A. Winchester Coroner (M. D. or other)

Address Joplin, Mo. Date signed 3-1-40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

V. S. No. 2. 50M-5-17-39 Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 6,
District File Number 9240-757
Date Filed MAR 8 1940

JUN 23 1948

FEB 15 1945

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 Sam C. Sweeney Jr

Licensed Embalmer No. 4044

P. O. Address Joplin 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, above space should be left blank.