

APR 15 1941

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 44

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

49  
2  
5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 931 North John St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 15 Years

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

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

(d) Street No. 824 Wall St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank Warren

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th  
year 1941 hour 3:20 minute AM M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Roberta

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 26, 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the decedent from July 25, 1941 to March 29, 1941  
that I last saw him alive on March 29, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76	9	3	hr. min.
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9. Birthplace Springfield, Illinois  
(City, town, or county) (State or foreign country)

Immediate cause of death Cerebral hemorrhage  
Arterio Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Duration Strokes

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alonzo Warren

13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Beebe

15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Frank Braddock

(b) Address Summerfield, Kansas

17. (a) Burial (b) Date thereof 3-31-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 4-2-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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? 372

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) JA

Address Joplin mo Date signed 3/31/41

**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..... *Don Tetrick* .....

Licensed Embalmer No. *4208* .....

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, fact should be so stated above.**