

FILED APR 13 1942

Registration District No. **4772**

Primary Registration District No. **2002**

Registrar's No. **124**

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:
825 West 3rd Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **63 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")
 (d) Street No. **825 W. 3rd St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **No**

3. (a) PRINT FULL NAME **Nellie E. Warren.**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.**, day **27**, 1942
 year _____ hour **10-25 A.M.** minute _____ M.

4. Sex **Female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widow**
 6. (b) Name of husband or wife **W.H. Warren.**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb. 26, 1857**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
3-27-42, 19____, to **3-27-42**, 19____
 that I last saw him alive on **3-27-42**, 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years **85** Months **1** Days **1**
 If less than one day _____ hr. _____ min.

Immediate cause of death **myocardial failure**
 Due to **Pneumonia - 7 days from fidery 2 wks**
 Due to **obstruction**

9. Birthplace **Pettis County Missouri**
(City, town, or county) (State or foreign country)

Other conditions **2 wks**
(Include pregnancy within 3 months of death)

10. Usual occupation **retired**

PHYSICIAN
 Major findings:
 Of operations **106**
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business **no record**
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Adams - brother**
 (b) Address **Joplin Mo; 825 W. 3rd St;**

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?
(Specify type of place)

17. (a) Burial (b) Date thereof **Mar. 30, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Hope Cem.**

While at work? _____
(Specify type of place) (a) Means of injury

18. (a) Signature of funeral director **Hurlbut Und. Co;**
 (b) Address **Joplin Mo;**
19. (a) 3-30-42 (b) **Arthur Sudhoefer**
(Date received local registrar) (Registrar's signature)

23. Signature **W. L. Adams** (M.D. or other)
 Address **Joplin Mo** Date signed **3-28-42**

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

49
52
na 8 am

049
3
5

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

42.3.281

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 *Henry K. Schubert*

Licensed Embalmer No. *95-9*

P. O. Address *Spencer Mass*

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.