S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

27469

State File No. 27469

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 333

49 2 5

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: 3103 East Ninth (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 70 Yrs (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jasper

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

(d) Street No.: 3103 E. Ninth (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Scott Winfield Warden

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) 3rd (Day) 1863 (Year)

8. AGE: Years 79 Months 4 Days 5 If less than one day hr. min.

9. Birthplace: Iriquois Co. Ill (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Mine Operator

11. Industry or business:

FATHER 12. Name: John C. Warden

13. Birthplace: 9 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Matilda Crawford

15. Birthplace: 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Russell Warden

(b) Address: Neosho, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Emanuel Cemetery

18. (a) Signature of funeral director: Parker Hunsaker

(b) Address: 1502 Joplin St.

19. (a) 8-12-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 8th year: 1942 hour: 12 minute: 45P M.

21. I hereby certify that I attended the deceased from June 1, 1942, to Aug. 8, 1942, that I last saw him alive on Aug. 8, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis and myocardial degeneration	2 yrs
Due to: Cardio-Renal disease	6 yrs
Due to: Chr. Arteriosclerosis	6 yrs
Other conditions: Hypertension (Include pregnancy within 3 months of death)	1 yr

Major findings:
Of operations: —
Of autopsy: —

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): —

(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)

While at work? — (e) Means of injury: —

23. Signature: W. B. Chapman (M. D.)

Address: Joplin, Mo. Date signed: 8-10-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42.8-727

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.