

FILED DEC 13 1943

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **650**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Jasper**  
(c) Name of hospital or institution: **Massena Home 1809 Grand**  
(d) Length of stay: In hospital or institution **53 yrs**  
In this community **53 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jasper**  
(c) City or town **Webb City Mo**  
(d) Street No. **1307 W. 6th St**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME

**Julia Adeline Warren**

3. (b) If veteran, name year

3. (c) Social Security No.

4. Sex **Female** 5. Color of hair **White**  
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Widowed**  
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **Dec 12, 1875**

8. AGE: Years **68** Months **11** Days **13**

9. Birthplace **Franklin County Mo**

10. Usual occupation **at home**

11. Industry or business

12. Name **O. D. Bitlock**

13. Birthplace **Missouri**

14. Maiden name **M. Martha White**

15. Birthplace **Mo**

16. (a) Informant **Frank Warren**

(b) Address **Webb City, Mo.**

17. (a) **Burial** (b) Date thereof **Nov 29 1943**

(c) Place: burial or cremation **Laird New Cem**

18. (a) Signature of funeral director **Webb City Burial Co.**

(b) Address **Webb City, Mo.**

19. (a) **11-26-43** (b) **Giftens Sudekette**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **25**  
year **1943** hour **4:30** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov 15** 19**43** to **Nov 25** 19**43**  
that I last saw her alive on **Nov 25** and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to **arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **830!**

Of autopsy

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?

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

23. Signature **Charles E. Gogale** (M. D. or other) **1943**

Address **306 Riverside Bldg. Joplin Mo** Date signed **11-26-43**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

43-11-950

202 =

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 myself,  
....., Registered Apprentice No. ....

working under my personal supervision.

Signed Rayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.