No. 2
—2-43
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X35697

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

5450

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6167

Registration District No. 156 Primary Registration District No. 2001 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: 804 Grand, Joplin, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 25 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 4

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 804 Grand (If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME Wm. Howard Warren

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Mae

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

7. Birth date of deceased Sept. (Month) 13 (Day) 1889 (Year)

8. AGE: Years 56 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Poteau (City, town, or county) Oklahoma (State or foreign country) 1

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Jay Warren
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country) 1

MOTHER
14. Maiden name Betty Ann Webb
15. Birthplace Paris (City, town, or county) Arkansas (State or foreign country) 1

16. (a) Informant Mrs. Mae Warren

(b) Address 804 Grand, Joplin, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Lowell, Kansas

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 2-1-46 (Date received local registrar) (b) Ed Dennis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1946 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Did Not attend, 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93a

Major findings: Of operations

Of autopsy

Coroners 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)

(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) 2

While at work? (e) Means of injury

23. Signature D.W. Dwight (M. D. or other) Do

Address 2114 Joplin Date signed 2/1/46

(Licensed Embalmer's Statement on Reverse Side)

46-1-99

FEB 7 3 1946

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.