S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

5294

State File No.

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

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

Dr Neff

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (Rural) - (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR #1, Joplin / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin Rural Route #1 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME J. Craig Warren
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 Allie Poundstone
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 25 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Kentucky / (City, town, or county) (State or foreign country)
10. Usual occupation Mining
11. Industry or business

FATHER
12. Name No 0
13. Birthplace Record / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No 0
15. Birthplace Record / (City, town, or county) (State or foreign country)

16. (a) Informant Miss Blanche Patterson
(b) Address Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem.
18. (a) Signature of funeral director Hurlbut-Glover
(b) Address Joplin, Mo.
19. (a) 1-30-48 (Date received local registrar) (b) Dolores Lampkin (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1948 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from Nov. 15, 1947 to Jan. 28, 1948 that I last saw him alive on Jan. 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer metastasis within chest -	6 Mos. +
Due to: Cancer of lower lip - (Healed)	3 or 4 Mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

55E

PHYSICIAN
Underline the cause of 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 0

23. Signature Kirk L. Neff (M. D. or other) M.D.
Address Joplin Mo. Date signed 1/30/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-1-119

FEB 11 1958

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 Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 959

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.