

1939 JUN 14 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19357  
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 1046  
(b) Township Sharon Creek Primary Registration District No. 5810 Registered No. \_\_\_\_\_  
(c) City Joplin (d) Street No. R. R. # 3 Box 553 St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel M. Warner

(a) Residence, No. R. R. # 3 Box 553 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 8 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teamster  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo. R. # 3

13. NAME No Record  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mr. Ralph Duest  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Abneth Cemetery DATE May 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Wilcox  
Joplin Mo

20. FILED 5-8-39 Ed D. Warner  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to April 26, 1939  
I first saw him alive on April 25, 1939. Death is said to have occurred on the date stated above, at 4:50 A.M.  
The principal cause of death and related causes of importance were as follows:

Colitis and Complication of disease  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 1206

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) Henry J. Trecker, D.O.  
(Address) 205 Farmers Bank Bldg  
Joplin Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1264

Date Filed 6-12-39

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.....

David Dillon, Registered Apprentice No.....  
working under my personal supervision.

Signed..... David Dillon

Licensed Embalmer No. 3898

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, above space should be left blank.