

FILED MAR 7 - 1940

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

8491

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162
(c) City or Nevada (d) Street No. W. W. Hoop #3 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 0 yrs. 0 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 53

2. PRINT FULL NAME

Frank J. Warden 3
(a) Residence, No. Joplin Mo 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D.K.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>— — 1866</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>D.K.</u>	DAYS <u>D.K.</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u>		
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) <u>D.K.</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois 1</u>		
13. NAME <u>D.K.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K. 9</u>		
15. MAIDEN NAME <u>D.K.</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K. 9</u>		
17. INFORMANT (ADDRESS) <u>Ward Records</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Joplin, Mo</u> DATE <u>2-22-40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Spornhill Dill</u> <u>Joplin, Mo</u>		
20. FILED <u>Feb 22 1940</u> <u>Allen V. Naya</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1940

22. I HEREBY CERTIFY, That I attended deceased from 2-13-1940 to 2-22-1940
I last saw him alive on 2-22-1940 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis - m. degeneration
42c

Other contributory causes of importance:
Sen. Arteriosclerosis
Sen. Cat. Emphysema

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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? no
(Signed) J. A. Stephens M. D.
(Address) Nevada Mo

Date of onset

D.K.
D.K.
4 days

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 7,
District File Number 3-40-363
Labs Filed 3-4-40

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 Don Tetuck

Licensed Embalmer No. 4008

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.