S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

Registration District No. 186

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 21398

Registrar's No.

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

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: 2215 Empire (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)
In this community 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town 1815 Sargent 2 (If outside city or town limits, write "RURAL")
(d) Street No. Joplin Mo. 5 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME James H. Warren
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Laura Warren
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 4 (Month) 1947 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	1	2	hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation retired lead and Zinc miner
11. Industry or business
FATHER
12. Name E.A. Warren
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Adams
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant G.T. Warren
(b) Address 1815 Sargent, Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 6-6-47 (Date received local registrar) (b) Delous Lampkins D.R. (Registrar's signature) 130

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 6, day 1947
year hour 9-00 A.M. minute M.

21. I hereby certify that I attended the deceased from Sept 1946, 1941, to June 1, 1947; that I last saw him alive on June 1, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis	2 years
Due to: Cancer of Penis	2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Guy I. Mundethrud (M. D. or other)
Address 401 Prince Bldg Date signed 6-6-47

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

47-6-547

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 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.