

DEC 20 1937

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

41595  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Joplin Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. Freeman Hospital 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 Infant Mc Connell

(a) Residence, No. Road 1, Box 608 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0 12

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. at hospital  
 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.

FATHER 13. NAME Ed McConnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER 15. MAIDEN NAME Drene Canada

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla. City, Okla.

17. INFORMANT (ADDRESS) Ed Mc Connell  
Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Nov 20, 37

19. FUNERAL DIRECTOR (ADDRESS) Sanpher Mortuary  
Joplin Mo.

20. FILED 11-20-1937 Ed D. James  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-19-37, 1937, to 11-20-37, 1937

I last saw him alive on 11-20-37, 1937. Death is said to have occurred on the date stated above, at 7 A. a.m.

The principal cause of death and related causes of importance were as follows:

Pre-mature (6 months)

Date of onset

Other contributory causes of importance:  
Placenta praevia

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) Ed D. James, M. D.

(Address) Joplin Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I, Allen E. Langher, Licensed Embalmer No. 3574  
hereby certify that the body recorded on the reverse side of this certificate was <sup>Prepared</sup>embalmed by F. M. Jones  
..... L. E. ....

No. 2319 or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Allen E. Langher  
Licensed Embalmer No. 3574

**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.)**